	Connecticut Department			`	_			
	Water Quality Mon:	itoring and	d Con	npliance	Schedu	le		
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT1020483	STONINGTON INSTITUTE - KNOLLWOOD			NC	77	Р	GW	
Local Address (v	where applicable)	Service	Residen	tial Commerc	ial Industr	ial Combin	ed Agricultural	
75 SWANTOWN HILL ROAD Connections 1								

Monito	oring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF I			
Total Coliform (3100)	, ,	1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Othor C	ampliance Schadules		

Other	compliance schedules	

Compliance Schedule Activity

RESPOND TO SANITARY SURVEY

3/24/2019

	Water S	ystem Facili	ity and Sampling P	oint Ir	nvento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		4-1	Room 5 Bath	Α	Υ				
		4-2	Room 8 Bath	Α	Υ				
		4-3	Lounge Bath	Α	Υ				
		4-4	Exam Room Bath	Α	Υ				
		4-5	Well Entry	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
10919	WELL #1	2	WELL	Α					
49209	INTERCONNECTION INCIDMARY								

48298 INTERCONNECTION - INFIRMARY

Certified Operator Information

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Quality Monit	oring and	d Con	npl	iance S	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1020483	STONINGTON INSTITUTE - KNOLLWOOD				NC	77	Р	GW
Local Address (v	vhere applicable)	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural	
75 SWANTOWN HILL ROAD Connections 1								

Connecticut Department of Public Health Drinking Water Section

Towns Served: NORTH STONINGTON

			Cer	tified Operato	or Information				
Water System Fac	cility: DISTR	IBUTION SY	STEM	(WSF ID: 00600)					
Facility Classification	n: DISTRIBUT	ION SYSTEM							Certification
Operator Name			Oper	ator Type	Certification(s)				Expiration
PHILLIPS, JEFFREY		-	CHIEF (OPERATOR	SMALL WATER SYS	тем оре	RATOR		6/30/2021
				Contact Info	ormation				
Name				Organization				Job Title	<u> </u>
Mr. Jeffrey Phillips				Stonington In	stitute		Facilities Dire	ector	
Mailing Address Lin	e One		Mailin	g Address Line Two			City	State	Zip Code
75 Swantown Hill R	oad					North St	onington	СТ	06359
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ddress		
860-445-3014		860-535-3	3401			jeff.phill	ips@uhsinc.co	om	
Contact Role(s): A	dministrative	Contact							
Name				Organization				Job Title	<u> </u>
Mr. William A. Anis	kovich			Stonington In	stitute		Ceo		
Mailing Address Lin	e One		Mailin	g Address Line Two			City	State	Zip Code
75 Swantown Hill R	oad					North St	onington	СТ	06359-0216
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ddress		
860-535-1010					800-832-1022				
Contact Role(s): Le	gal Contact								
Name				Organization				Job Title	غ د
Mr. Mitchel L. Wills	sie			Stonington In	stitute		Dir Facilities	Mgmt	
Mailing Address Lin	e One		Mailin	g Address Line Two			City	State	Zip Code
75 Swantown Hill R	oad					North St	onington	СТ	06359
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ddress		
860-535-1010	233	860-535-4	1830		860-535-1010				

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1020024	CAMP WIGHTMAN - CAMPBELL WELL				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
207 COAL PIT HI	LL ROAD	Connections			1			

Towns Served: NORTH STONINGTON

ing Requirements		
00600)		
	1 rout	ine (RT) per quarter
Monitoring Period	Collection Period	Compliance Status
1/1/19 - 3/31/19		Complete
4/1/19 - 6/30/19		
7/1/19 - 9/30/19		
	1 rout	ine (RT) per quarter
Monitoring Period	Collection Period	Compliance Status
10/1/18 - 12/31/18		Complete
1/1/19 - 3/31/19		Complete
4/1/19 - 6/30/19		
7/1/19 - 9/30/19		
	1 rc	outine (RT) per year
Monitoring Period	Collection Period	Compliance Status
1/1/18 - 12/31/18		Complete
1/1/19 - 12/31/19		
1/1/20 - 12/31/20		
	Monitoring Period 1/1/19 - 3/31/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 Monitoring Period 10/1/18 - 12/31/18 1/1/19 - 6/30/19 7/1/19 - 9/30/19 Monitoring Period 1/1/18 - 12/31/18 1/1/19 - 12/31/18	1 rout Monitoring Period Collection Period 1/1/19 - 3/31/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 1 rout Monitoring Period Collection Period 10/1/18 - 12/31/18 1/1/19 - 6/30/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 1 rout Collection Period 1/1/18 - 12/31/18 1/1/19 - 12/31/18

	W	ater System Facili	ty and Sampling P	oint Ir	nvento	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	tage DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		4-1	Front Right Kitchen	Α	Υ			
		4-2	Back Center Kitchen	Α	Υ			
		4-3	First Back Restroom	Α	Υ			
		4-4	Second Back Restroom	Α	Υ			
		4-5	Front Left Kitchen S	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
21781	WELL 1	2	WELL1	Α				
54929	PRESSURE STORAGE							

			Co	ontact Inf	ormation				
Name				Organization				Job Title	
Reverend Michael \	∕Vu			Abcconn			Legal Counsel		
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
90A North Main Str	eet					West Ha	rtford	CT	06107
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ac	ldress		
860-693-4803						mwu@a	bcconn.org		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connectic	ut Depa	rtment	of Publ	ic H	Iealth	Dr	inking	<mark>Water Water Water</mark>	Section		
	Wat	ter Qua	lity Mo	nitoring	an	d Con	npl	iance S	Schedul	le		
PWS ID	PWS Name						Clas	sification	Population	Owner Type	Primary Source	
CT1020024	CAMP WIGHTM	MP WIGHTMAN - CAMPBELL WELL NC 25 P GW										
Local Address (w	here applicable)			Service		Residen	tial	Commerci	al Industri	al Combin	ed Agricultura	
207 COAL PIT HIL	L ROAD			Connec	tions			1				
Towns Served: N	ORTH STONINGT	ON										
Contact Role(s):	Legal Contact											
Name				Organizatio	on					Job Tit	е	
Ms. Holly Blacke	r			American E	Baptis	t Churche	es Of	ct	Interim D	irector		
Mailing Address	ine One		Mailing Add	dress Line Tw	0				City	State	Zip Code	
207 Coal Pit Hill I	Road							Griswo	old	СТ	06351	
Business Phone	e Extension	Fax	N	Mobile Phone	Eı	mergency	/ Pho	ne Email A	Address			
860-376-2179		860-376-	7059			518-312-	-3835	hblack	er@abconn	.org		
Contact Role(s):	Administrative	Contact	,									

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut D	lonartment of	Dublic H	loalth Γ	rinki	ing M	Vator (Soci	tion	
	Connecticut D	Quality Monit				_			UUII	
PWS ID	PWS Name	Quality Monit	oring and						Tyne Pr	imary Source
CT1020034	CAMP WIGHTMAN - C	ATHCART WELL		Ci	NC	ТОП	25	F		GW
	where applicable)		Service	Residentia		ercial	Industria	l Co	mbined	Agricultural
207 COAL PIT H			Connections		1					
Towns Served:	NORTH STONINGTON									
		Monito	oring Requ	irement	:S					
Water System	Facility: DISTRIBUT	ION SYSTEM (WSF II	D: 00600)							
Total Coliforn	n (3100)						1 :	routii	ne (RT) p	er quarter
Sampling	Point (Sampling Point IL	o)		Monitoring	Period	Collec	tion Peri	od	Compli	ance Status
Select from	n Inventory of Active Sa	mpling Points	:	10/1/18 - 12	2/31/18				Co	mplete
				1/1/19 - 3/	31/19				Co	mplete
				4/1/19 - 6/	30/19					
				7/1/19 - 9/	30/19					·
Physical Para	meters (PPS)						1	routii	ne (RT) p	er quarter
Sampling	Point (Sampling Point IL	o)		Monitoring	Period	Collec	tion Peri	od	Compli	ance Status
Select from	m Inventory of Active Sai	mpling Points	:	10/1/18 - 12	2/31/18				Co	mplete
				1/1/19 - 3/	31/19				Co	mplete
				4/1/19 - 6/	30/19					
				7/1/19 - 9/	30/19					
Water System	Facility: ENTRY POI	NT (WSF ID: 00700)								
Nitrate And N	Nitrite (NOX)							1 ro	utine (R	T) per year
Sampling	Point (Sampling Point IL	o)		Monitoring	Period	Collec	tion Peri	od	Compli	ance Status
ENTRY PO	INT (3)			1/1/18 - 12	/31/18				Co	mplete
				1/1/19 - 12	/31/19					
				1/1/20 - 12	/31/20					
		Other Co	ompliance	Schedu	les					
Compliance Sch	nedule Activity			Du	e Date		Achiev	ed Da	ite	
RESPOND TO SA	ANITARY SURVEY			1/3	0/2019		1/14	/2019)	
	Wat	er System Facili	ty and Sar	npling P	oint Ir	vento	ory			
Water						Total	Lead a	ınd		
-	er System Facility	Sampling Point		nt		Coliforn				Stage
Facility ID		ID	Description		Status	Rule	Rule T	ier A	sbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α	Υ				
		4-1	Kitchen Sink		Α	Υ				
		4-2	Left Men s Re		Α	Υ				
		4-3	Women s Res	troom Lef	Α	Υ				
		4-4	Women s Res	troom Rig	Α	Υ				
		4-5	Right Men s R	estroom	Α	Υ				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	Α					
		UPSTREAM	WITHIN 5 SER	VICE CON	Α					

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ENTRY POINT

WELL

Α

Α

3

2

00700 ENTRY POINT

WELL 1

58460 BLADDER TANK

21782

	Connecticut Department of Public Health Drinking Water Section								
	Water Quality Monito	oring and	d Con	npl	liance S	chedul	e		
PWS ID	PWS Name		Classification		Population	Owner Type	Primary So	urce	
CT1020034	CAMP WIGHTMAN - CATHCART WELL				NC	25	Р	GW	
Local Address (v	where applicable)	Service	Residen	tial Commerci		l Industri	al Combine	ed Agricult	tural
207 COAL PIT H	ILL ROAD	Connections			1				

				Contact Inf	ormation				
Name				Organization	า			Job Title	
Reverend Michael	Wu			Abcconn			Legal Counsel		
Mailing Address Lin	e One		Mailing Ad	ddress Line Two			City	State	Zip Code
90A North Main Str	eet					West Ha	rtford	СТ	06107
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress		
860-693-4803						mwu@a	bcconn.org		
Contact Role(s): Le	egal Contact		·						
Name				Organization	า			Job Title	
Ms. Holly Blacker				American Ba	ptist Churches Ofct		Interim Directo	r	
Mailing Address Lin	e One		Mailing Ad	ddress Line Two			City	State	Zip Code
207 Coal Pit Hill Roa	ad					Griswold	i	СТ	06351
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress		
860-376-2179		860-376-	7059		518-312-3835	hblacker	@abconn.org		
Contact Role(s): A	dministrative	Contact	1		1	1			

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut D	epartment of	Public H	lealth D	rinki	ing W	ater S	Section	
	Water (Quality Monit	oring an	d Comp	lianc	e Sch	edule		
PWS ID	PWS Name		<u> </u>						Primary Source
CT102004	4 CAMP WIGHTMAN - PE	ECK WELLS 1 & 2			NC		25	Р	GW
Local Addr	ress (where applicable)		Service	Residentia	I Comm	nercial	Industrial	Combine	d Agricultural
207 COAL	PIT HILL ROAD		Connections		1	L			
Towns Ser	ved: NORTH STONINGTON					·			·
		Monito	oring Requ	uirement	:S				
Water Sys	stem Facility: DISTRIBUTI	ON SYSTEM (WSF II	D: 00600)						
	liform (3100)						1 r	-) per quarter
Samp	oling Point (Sampling Point ID)		Monitoring	Period	Collec	tion Perio	d Comp	oliance Status
Selec	t from Inventory of Active San	npling Points		10/1/18 - 12					Complete
				1/1/19 - 3/				(Complete
				4/1/19 - 6/					
				7/1/19 - 9/	30/19				
•	Parameters (PPS)							-) per quarter
	pling Point (Sampling Point ID			Monitoring		Collec	tion Perio	•	oliance Status
Selec	t from Inventory of Active San	npling Points		10/1/18 - 12					Complete
				1/1/19 - 3/				(Complete
				4/1/19 - 6/	*				
Matan C.	store Facility FAITRY DOLL	IT (MCE ID: 00700)		7/1/19 - 9/	30/19				
	stem Facility: ENTRY POIN	VI (WSF ID: 00700)						.	(D=1)
	And Nitrite (NOX)			A A o so i k o seiso os	Daviad	Calla			(RT) per year
-	oling Point (Sampling Point ID)		Monitoring		Collec	tion Perio	•	oliance Status
ENIK	Y POINT (3)			1/1/18 - 12				(Complete
				1/1/19 - 12 1/1/20 - 12					
	\A/a+	er System Facili	ty and Car			wonte			
Matau	vvat	er System racin	ity and Sai	ilipillig P	OIIIL II			- d	
Water System	Water System Facility	Sampling Point	Samplina Poi	int		Total Coliforn	Lead ar n Coppe		Stage
Facility ID	•	ID	Description		Status	Rule			s WQP 2 DBPI
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	A	Υ			
		DOWNSTREAM			Α				
		UPSTREAM	WITHIN 5 SEF	RVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	-	Α				
47876	PECK WELL 2 - PRIMARY	2	PECK WELL 2		Α				
58458	PRESSURE STORAGE								
		Con	tact Infor	mation					
Name			rganization					Job Title	<u> </u>
		01	J					100 1100	·

			•	Jiiiuu iiii	or mation.				
Name				Organization			Job Title		
Reverend Michael V	∕Vu			Abcconn			Legal Couns	el	
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
90A North Main Str	eet					West Ha	rtford	СТ	06107
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	ldress		
860-693-4803						mwu@a	bcconn.org		
Contact Role(s): Le	gal Contact		·						

C	Connectic	ut Depa	rtmer	it of	Public	Health	Drii	nking	Water	Section	L
	Wat	ter Qua	lity Mo	onit	oring ai	nd Con	nplia	nce S	chedul	le	
PWS ID P	WS Name						Classif	ication	Population	Owner Type	Primary Source
CT1020044 C	AMP WIGHTM	AN - PECK W	/ELLS 1 & 2	2			N	IC	25	Р	GW
Local Address (wh	ere applicable)				Service	Resider	ntial Co	mmerci	al Industri	al Combin	ed Agricultural
207 COAL PIT HILL	ROAD				Connection	S		1			
Towns Served: NC	RTH STONINGT	ON				1				'	,
Name				Or	ganization					Job Titl	е
Ms. Holly Blacker				An	nerican Bapt	ist Church	es Ofct		Interim D	irector	
Mailing Address Li	ne One		Mailing A	ddress	s Line Two				City	State	Zip Code
207 Coal Pit Hill Ro	oad							Griswo	ld	СТ	06351
Business Phone	Extension	Fax		Mobil	le Phone	Emergency	y Phone	Email A	ddress		
860-376-2179		860-376-	7059			518-312	-3835	hblacke	er@abconn	.org	
Contact Role(s):	Administrative	Contact			•						

Contact Role(s): Administrative Contac

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name C					ssification	Population	Owner Type	Primary Source
CT1020054	CEDAR PARK INN				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
85 NORWICH-W	'ESTERLY RD (RTE 184 & RTE 2)	Connections			1			

Towns Served: NORTH STONINGTON			
Monitori	ng Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		Complete
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		Complete
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		· .
Water System Facility: ORIGINAL WELL 1 (WSF ID: 21784	4)		
E. Coli (3014)		1 trigge	ered (TG) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	11/19/18 - 11/25/18		
	12/14/18 - 12/20/18	_	Complete
	1/11/19 - 1/17/19		Complete
			•

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	Connecticut Departmen	nt of Public H	lealth	D	rinking	Water	Section		
	Water Quality M				_				
PWS ID	PWS Name	8 -		-			Owner Type P	rimary Source	
CT1020054	CEDAR PARK INN				NC	25	Р	GW	
Local Address (v	vhere applicable)	Service	Resider	ntial	Commerci	al Industria	l Combined	Agricultural	
85 NORWICH-W	/ESTERLY RD (RTE 184 & RTE 2)	Connections			1				
Towns Served: N	NORTH STONINGTON	,				1	,		
	M	Ionitoring Requ	ireme	ents	;				
Water System	Facility: NEW WELL 3 (WSF ID: 49	9895)							
E. Coli (3014)						1 t	riggered (TG)	per period	
Sampling F	Point (Sampling Point ID)		Monitor	ing F	Period C	ollection Per	iod Compli	ance Status	
NEW WELL	NEW WELL 3 (2) 11/19/18 - 11/25/18								
	12/14/18 - 12/20/18 Complete								
			1/11/19	- 1/2	17/19		Co	mplete	
	Publi	c Notification R	equire	eme	ents				
		Compliance	Notice	2	<u>Public N</u>	<u>otification</u>	PN Cert	<u>rification</u>	
Violation/Situa	tion	Period	Tier		Required	Performed	Due to DPH	Received	
REVISED TOTAL	COLIFORM RULE (RTCR) TT Violation	1/13/18 - 3/15/19	2		4/14/2018	3/19/2019		3/19/2019	
REVISED TOTAL	COLIFORM RULE (RTCR) TT Violation	10/22/18 - 3/15/19	2		1/3/2019	3/19/2019	1/13/2019	3/19/2019	
REVISED TOTAL	COLIFORM RULE (RTCR) TT Violation	12/26/18 - 3/15/19	2		2/16/2019	3/19/2019	2/26/2019	3/19/2019	
E. Coli M&R Vio	lation	12/1/17 - 12/7/17	3		3/9/2019	3/19/2019	3/19/2019	3/19/2019	
REVISED TOTAL	COLIFORM RULE (RTCR)	1/13/18 - 3/15/19	3		3/15/2019	3/19/2019	3/25/2019	3/19/2019	
REVISED TOTAL	COLIFORM RULE (RTCR) TT Violation	1/18/19 - 3/15/19	2		3/27/2019	3/19/2019	4/6/2019	3/19/2019	
E. Coli M&R Vio	lation	11/19/18 - 11/25/18	3		2/22/2020	3/19/2019	3/3/2020	3/19/2019	
	Water System	Facility and Sar	npling	, Po	int Inve	ntory			
Water						otal Lead			
7		Point Sampling Poi	nt			form Copp		Stage	
Facility ID	ID	Description			Status R	ule Rule	Tier Asbestos	WQP 2 DBPR	

	Water	System Facili	ty and Sampling P	oint Ir	vento	у			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21784	ORIGINAL WELL 1	2	WELL	Α					
49895	NEW WELL 3	2	NEW WELL 3	Α					
59545	10,000 GALLON ATMOS TANK								

				Contact Inf	ormation				
Name				Organization	า			Job Title	
Mr. Matt Riley				Stonington F	Park LLC		Member		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
PO Box 827						Norwich	1	СТ	06360
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress		
860-367-2220		860-222-3	3998			matt@freeholdre.com			
Contact Role(s): A	dministrative	Contact, Leg	al Cont	act, Owner	1	1			

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Tractor Quality 110111	0011118 0111	0. 001	p.	1011100	701100101		
PWS ID PWS Name					ssification	Population	Owner Type	Primary Source
CT1020054	CEDAR PARK INN				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
85 NORWICH-W	ESTERLY RD (RTE 184 & RTE 2)	Connections			1			

Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Departme Water Quality N				C			1	
PWS ID	PWS Name		Cla	ssification Population Owner Type			e Pr	imary Source	
CT1020064	CIRCLE PARK II				NC	25	Р		GW
Local Address	(where applicable)	Service	Residen	itial	Commercia	al Industri	al Combir	ned	Agricultural
85 NORWICH	WESTERLY ROAD (ROUTE 2)	Connections			1				
Tourne Comrad	NORTH STONINGTON								`

Towns Served: NORTH STONINGTON			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	500)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Water System Facility: WELL (WSF ID: 21785)			
E. Coli (3014)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Other Comp	liance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate
ADDRESS CONTAMINATION	12/13/2018		

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR		
00600	DISTRIBUTION SYSTEM	3-LDRM	LADIES ROOM	Α	Υ						
		4	DISTRIBUTION SYSTEM	Α	Υ						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
21785	WELL	2	WELL	Α							

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name				Clas	ssification	Population	Owner Type	Primary Source
CT1020064	CIRCLE PARK II					NC	25	Р	GW
Local Address (\	where applicable)		Service	Residen	ntial	Commercia	l Industri	al Combine	ed Agricultural
85 NORWICH W	ESTERLY ROAD (ROUTE	2)	Connections			1			

Water System Facility and Sampling Point Inventory

Water			To	otal	Lead and	
System Water System Facility	Sampling Point	Sampling Point	Coli	iform	Copper	Stage
Facility ID	ID	Description	Status R	Rule	Rule Tier	Asbestos WQP 2 DBPR

47525 TREATMENT PLANT - UV SYSTEM

	Contact Information											
Name				Organization		Job Title						
Dr. Jerzy Stocki			Circle Park Ii		President Cond	ondo Ascn						
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code			
82 Norwich-Wester	ly Road					North St	onington	СТ	06359			
Business Phone Extension Fax M			bile Phone	Emergency Phone	Email Ac	ldress						
860-599-2469												

Contact Role(s): Administrative Contact, Legal Contact

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	(Connecticut D	epartment o	f Public H	lealth	Dr	inkii	ng V	Vate	r Se	ction		
		Water (Quality Moni	toring an	d Com	pl	iance	e Sc	hedu	le			
PWS ID		PWS Name				_					ner Type	Prin	nary Source
CT102007	74	NORTH STONINGTON	HENNY PENNY				NC		25		Р		GW
Local Add	lress (w	here applicable)		Service	Residen	tial	Comme	ercial	Industi	ial	Combine	ed .	Agricultural
324 CLAR	KS FALL	S RD (I-95 & ROUTE 21	6)	Connections			1						
Towns Se	rved: N	ORTH STONINGTON											
			Moni	toring Requ	iireme	nts							
Water Sy	ystem I	acility: DISTRIBUTI	ON SYSTEM (WSF	ID: 00600)									
Total Co	oliform	(3100)								1 rou	ıtine (RT) pe	r quarter
Sam	pling Po	oint (Sampling Point ID)		Monitori	ng P	eriod	Colle	ection P	eriod	Com	oliar	ice Status
Seled	ct from	Inventory of Active Sar	npling Points		10/1/18 -	12/3	31/18				(Com	plete
					1/1/19 -								
					4/1/19 -								
					7/1/19 -	9/30	0/19						
-		neters (PPS)									=		r quarter
		oint (Sampling Point ID	•		Monitori			Colle	ection P	eriod			ice Status
Selec	ct from	Inventory of Active Sar	npling Points		10/1/18 -						-	Com	plete
					1/1/19 -								
					4/1/19 - 7/1/19 -								
Water Sv	vstem l	acility: ENTRY POI	NT (WSF ID: 00700	1	//1/19 -	3/30	J/ 19						
•		trite (NOX)	(1						1	routine	(RT)	per year
		oint (Sampling Point ID)		Monitori	ng P	eriod	Colle	ection P				ice Status
	RY POIN		•		1/1/18 -								plete
		•			1/1/19 -	12/3	1/19						
					1/1/20 -	12/3	1/20						
			Other (Compliance	Sched	ule	!S						
Complian	ice Sche	edule Activity				Due i	Date		Achi	eved	Date		
RESPOND	TO SAI	NITARY SURVEY			4	/10/	2019						
		Wat	er System Faci	lity and Sar	npling	Po	int In	vent	ory				
Water								Tota	l Lead	d and			
System		r System Facility		t Sampling Poi	nt		(Colifor		per			Stage
Facility IE			ID	Description			Status	Rule	e Rule	e Tier	Asbesto	s N	/QP 2 DBPR
00600	DISTR	IBUTION SYSTEM	4	DISTRIBUTIO			Α	Υ					
				/ WITHIN 5 SEF			A						
			UPSTREAM	WITHIN 5 SEF		V	A						
00700		/ POINT	3	ENTRY POINT	-		Α						
21786	WELL		2	WELL			Α						
			Co	ntact Infori	mation								
Name			(Organization							Job Title	е	
Hendel's	Investo	rs											

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Zip Code

06385

State

CT

City

Waterford

Emergency Phone Email Address

Mailing Address Line Two

Mobile Phone

P. O. Box 201

Fax

Mailing Address Line One

Extension

35 Great Neck Road

Business Phone

860-443-5337 Contact Role(s): **Owner**

C	onnectic	ut Depa	rtmeni	OI	Public	Healt	וע ח	inking	, water	5ec	ction	
	Wat	ter Qua	lity Mo	nit	oring a	nd Co	mpl	iance S	Schedul	le		
PWS ID P	WS Name						Clas	sification	Population	Own	er Type	Primary Sourc
CT1020074 N	ORTH STONING	GTON HENN	Y PENNY					NC	25		Р	GW
Local Address (whe	ere applicable)				Service	Reside	ential	Commerci	al Industri	ial (Combine	d Agricultura
324 CLARKS FALLS	RD (I-95 & ROL	JTE 216)			Connectio	ns		1				
Towns Served: NO	RTH STONINGT	ON							,			
Name				Or	ganization						Job Title	
Mr. Douglas Hend	el			He	endel's, Inc.				Asst Trea	surer		
Mailing Address Line One Mailing Ad				dress	Line Two				City State Zip Code			Zip Code
35 Great Neck Roa	d							Waterf	Waterford			06880
Business Phone	Extension	Fax	ľ	Mobil	e Phone	Emergen	cy Pho	ne Email A	Address			
860-437-4648	129	860-443-	1736			860-43	7-464	doughe	endel@hend	delsin	c.com	
Contact Role(s): L	egal Contact, C	Owner						·				
Name				Or	ganization						Job Title	
Mr. Steve Salveggi	o			Pn	ng Coop, LL	С			Operatio	ns Dire	ector	
Mailing Address Lir	ne One		Mailing Ad	dress	Line Two				City		State	Zip Code
35 Great Neck Roa	d							Waterf	ord		CT	06385
Business Phone	Extension	Fax	ľ	Mobil	e Phone	Emergen	cy Pho	ne Email A	Address			
860-557-7942								ssalveg	gio@petror	ng.co	m	
Contact Role(s):	dministrative	Contact										

Connecticut Department of Dublic Health Drinking Water Section

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department o				_	,		
	Water Quality Monit	toring an	d Con	npi	iance S	schedul	.e	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1020144	NORTH STONINGTON GRANGE #138				NC	25	Р	GW
Local Address	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural	

Connections

WTASSUP RUAD		Connections		_			
Towns Served: NORTH STONINGTON					1		ı
	Monit	oring Requireme	nts				
Water System Facility: DISTRIBUTI	ON SYSTEM (WSF I	D: 00600)					
Total Coliform (3100)					1 rou	tine (RT) p	er quarter
Sampling Point (Sampling Point ID)	Monitorii	ng Period	Collecti	ion Period	Complia	nce Status
Select from Inventory of Active Sar	npling Points	10/1/18 -	12/31/18			Con	nplete
		1/1/19 -	3/31/19			Con	nplete
		4/1/19 -	6/30/19				
		7/1/19 -	9/30/19				
Physical Parameters (PPS)					1 rou	tine (RT) p	er quarter
Sampling Point (Sampling Point ID)	Monitorii	ng Period	Collecti	ion Period	Complia	nce Status
Select from Inventory of Active Sar	npling Points	10/1/18 -	12/31/18			Con	nplete
		1/1/19 -	3/31/19			Con	nplete
		4/1/19 -	6/30/19				
		7/1/19 -	9/30/19				
Water System Facility: ENTRY POIN	NT (WSF ID: 00700)						
Nitrate And Nitrite (NOX)					1	routine (R1	Γ) per year
Sampling Point (Sampling Point ID)	Monitorii	ng Period	Collecti	ion Period	Complia	nce Status
ENTRY POINT (3)		1/1/18 - 1	12/31/18			Con	nplete
		1/1/19 - 1	12/31/19			Con	nplete
		1/1/20 - 1	12/31/20				
Water System Facility: WELL (WSF	ID: 21790)						
E. Coli (3014)					1 rou	tine (RT) p	er quarter
Sampling Point (Sampling Point ID)	Monitorii	ng Period	Collecti	ion Period	Complia	nce Status
WELL (2)		10/1/18 -	12/31/18			Con	nplete
		1/1/19 -	3/31/19			Con	nplete
		4/1/19 -	6/30/19				
		7/1/19 -	9/30/19				
Wat	er System Facil	ity and Sampling	Point In	ventor	У		
Water				Total	Lead and		
System Water System Facility		Sampling Point		Coliform			Stage
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos I	NQP 2 DBP
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			

	water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
21790	WELL	2	WELL	Α								
57589	STORAGE	·	·									

57589 STORAGE

WYASSUP ROAD

	Co	ontact Information				
Name		Organization			Job Title	ļ
Ms. Nancy Weissmuller		North Stonington Grange #138		Secretary		
Mailing Address Line One	Mailing Addı	ress Line Two		City	State	Zip Code
220 Mintochen Hill Book			Namela Ch		СТ	00250

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(Connectic	ut Depa	rtment o	f Public	Health	Drir	iking	Water	Section	1	
	Wa	ter Qua	lity Moni	toring a	nd Con	nplia	nce S	chedul	e		
PWS ID	PWS Name					Classif	cation	Population	Owner Type	e Pri	imary Source
CT1020144	NORTH STONING	GTON GRAN	GE #138			N	С	25	Р		GW
Local Address (wh	nere applicable)			Service	Residen	tial Co	mmercia	l Industri	al Combir	ned	Agricultural
WYASSUP ROAD				Connection	ns		1				
Towns Served: No		ON				<u> </u>					
230 Wintechog H	ш коаа						Morth 2	tonington	CI		06359
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Phone	Email A	ddress			
860-535-2703							nana_w	eissmuller (@mac.com		
Contact Role(s):	Administrative	Contact									
Name			C	Organization					Job Tit	le	
Mr. Robert Mine	r		N	North Stoning	ton Grange	#138		Grange M	laster		
Mailing Address L	ine One		Mailing Addre	ss Line Two				City	State	9	Zip Code
238 Wyassup Roa	ad						North S	tonington	СТ		06359
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Phone	Email A	ddress	,		
860-514-5727											
Contact Role(s):	Legal Contact										

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

					. 1.1	D		*			
		•	irtment of							ection	
	V	Vater Qua	lity Monit	oring an	d Com	ipli	ianc	e Sch	edule		
PWS ID	PWS Name					Clas	sificati	on Popu	ulation Ow	ner Type P	rimary Sour
CT102015	GREEN ONIO	ONS II (PELASGIA	A, LLC)				NC		25	Р	GW
Local Add	lress (where applica	ible)		Service	Resident	tial	Comm	ercial I	ndustrial	Combined	Agricultur
240 NOR\	WICH WESTERLY RO	AD (ROUTE 2)		Connections			1				
Towns Se	rved: NORTH STON	INGTON									
			Monito	oring Requ	ıiremeı	nts					
Water Sy	ystem Facility: D	ISTRIBUTION S	YSTEM (WSF I	D: 00600)							
Total Co	oliform (3100)								1 ro	utine (RT)	per quarte
Sam	pling Point (Sampli	ng Point ID)			Monitorin	ng Po	eriod	Collect	tion Period	Compl	iance Status
Seled	ct from Inventory o	f Active Sampling	g Points		10/1/18 -	12/3	31/18			Co	mplete
					1/1/19 -	3/31	1/19				
					4/1/19 -	6/30	0/19				
					7/1/19 -	9/30	0/19				
Physical	Parameters (PP:	S)							1 ro	utine (RT)	per quarte
Sam	pling Point (Sampli	ng Point ID)			Monitorin	ng Po	eriod	Collect	tion Period	Compl	iance Status
Sele	ct from Inventory of	f Active Sampling	g Points		10/1/18 -	12/3	31/18			Co	mplete
					1/1/19 -	3/31	1/19				
					4/1/19 -	6/30	0/19				
					7/1/19 -	9/30	0/19				
Water Sy	ystem Facility: El	NTRY POINT (\	NSF ID: 00700)								
Nitrate A	And Nitrite (NOX	()							1	routine (F	RT) per yea
Sam	pling Point (Sampli	ng Point ID)			Monitori	ng Po	eriod	Collect	tion Period	Compl	iance Status
ENT	RY POINT (3)				1/1/18 - 3	12/3	1/18			Co	mplete
					1/1/19 - 3	12/3	1/19				
					1/1/20 - 3	12/3	1/20				
		Water S	ystem Facili	ty and Sai	npling	Poi	int In	vento	ry		
Water								Total	Lead and	1	
System	Water System Fac	cility	Sampling Point		nt			Coliform			Stag
Facility IL			ID	Description			<u>Status</u>	Rule	Rule Tie	Asbestos	WQP 2 DB
00600	DISTRIBUTION SYS	STEM	4	DISTRIBUTIO			Α	Υ			
			DOWNSTREAM				Α				
			UPSTREAM	WITHIN 5 SEF	RVICE CON	I	Α				
00700	ENTRY POINT		3	ENTRY POINT			Α				
21791	WELL		2	WELL			Α				
57591	STORAGE										
			Con	tact Infori	mation						
Name			Oı	rganization						Job Title	
Mr. Geor	ge Efthimious		Gı	reen Onions Ii				Ma	anager		

State

СТ

City

North Stonington

Emergency Phone Email Address

860-535-3151

Zip Code

06359

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

Business Phone

860-535-1750

240 Norwich Westerly Road

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

860-535-3151

Connecticut Department of Public Health	Drinking	g Water	Sec	tion	
Water Quality Monitoring and Con	npliance S	Schedul	e		
	-1 .6		_		

		9		- P	9 9 1 1 9 91 91 9		
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1020154	GREEN ONIONS II (PELASGIA, LLC)			NC	25	Р	GW
Local Address (where applicable)	Service	Resider	ntial Commerc	cial Industri	al Combine	ed Agricultural
240 NORWICH	Connections		1				
T	NODTH CTONINCTON						· · · · · · · · · · · · · · · · · · ·

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End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1020164	MYSTIC KOA				NC	33	Р	GW
Local Address (where applicable)		Service	Resider	ntial Commerci		al Industri	al Combine	ed Agricultural
118 PENDLETON	I HILL RD, RTE 49	Connections			275			

Towns Served: NORTH STONINGTON			
Monitorin	g Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	0600)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19	_	
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Water System Facility: WELL #1 (DRILLED) (WSF ID: 21795)		
E. Coli (3014)		1 trigge	ered (TG) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	12/18/18 - 12/22/18		Complete
Water System Facility: WELL #2 (DRILLED) (WSF ID: 21796	5)		
E. Coli (3014)		1 trigge	ered (TG) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL 2 (DRILLED) (2)	12/18/18 - 12/22/18		Complete
NOTE: This information has been provided to help owners and operators of public	water systems maintain compliance	with drinking water qualit	v monitorina requirements.

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1020164	MYSTIC KOA				NC	33	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
118 PENDLETON	I HILL RD, RTE 49	Connections			275			

Towns Served: NORTH STONINGTON

59822 HYDRO TANK

Monitoring Requirements

Water System Facility: WELL #3 (DRILLED) (WSF ID: 21797)

E. Coli (3014)

Sampling Point (Sampling Point ID)

DRILLED WELL #3 (2)

1 triggered (TG) per period

Monitoring Period

Collection Period

Compliance Status

12/18/18 - 12/22/18

Complete

Other Compliance Schedules

Compliance Schedule Activity

Due Date

Achieved Date

L1 ASSESSMENT (TC+ INS REPEATS) 10/10/2018

CROSS CONNECTION SURVEY REPORT 3/1/2019

Public Notification Requirements Compliance Violation/Situation Notice Period Public Notification Public Notification PN Certification Period Due to DPH Received

Received Repeat Total Coliform M&R Violation 10/1/15 - 10/31/15 5/6/2016 3/8/2019 5/16/2016 3/8/2019 REVISED TOTAL COLIFORM RULE (RTCR) TT Violation 10/11/18 -2 1/10/2019 3/8/2019 1/20/2019 3/8/2019 Total Coliform M&R Violation 3/8/2019 3/6/2020 3/8/2019 10/1/18 - 10/31/18 3 2/25/2020

3/6/2020

3/8/2019

E. Coli M&R Violation 9/10/18 - 9/16/18 3 2/25/2020 3/8/2019

Water System Facility and Sampling Point Inventory

	· · · · · · · · · · · · · · · · · · ·	vater system racin	ty and Sampling I	OIIIC II	ivento	' y		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBF
00021	ATM STORAGE TANK #1							
00022	ATM STORAGE TANK #2							
00301	TRANSFER PUMPS - 2							
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
21795	WELL #1 (DRILLED)	2	WELL	Α				
21796	WELL #2 (DRILLED)	2	WELL 2 (DRILLED)	Α				
21797	WELL #3 (DRILLED)	2	DRILLED WELL #3	Α				
21798	WELL #4 (DRILLED)	2	WELL #4 (DRILLED)	Α				
21799	WELL #5 (DRILLED)	2	WELL #5 (DRILLED)	Α				
59808	WELL #6 (DRILLED)	2	WELL #6 (DRILLED)	Α				
59818	TREATMENT PLANT							·
59820	ATM STORAGE TANK #3							
1								

	Co	ontact Information					
Name		Organization			Job Title		
Mr. Carl Fives		Company Owned Prop - Koa, Inc.		Regional Vice Pres			
Mailing Address Line One	Mailing Add	ress Line Two		City	State	Zip Code	
4240 Carranal Barakla Barriarranal			\ /:	D l-	\ / A	22454	

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Co	onnectic	ut Depa	rtme	ent of	Public	Hea	lth I)rir	king	Wate	er S	Secti	on	
	Wat	ter Qual	ity N	Ionito	oring a	and C	omp	olia	nce S	Sched	ule			
PWS ID PV	/S Name						C	lassifi	cation	Populati	on C	wner ⁻	Гуре	Primary Source
CT1020164 M	YSTIC KOA							N	С	33		Р		GW
Local Address (whe	re applicable)				Service	Res	identia	al Co	mmerci	al Indu	strial	Cor	nbine	d Agricultural
118 PENDLETON HI	LL RD, RTE 49				Connection	ons			275					
Towns Served: NOR		ON				·			Virginia	веасп			VA	23451
Business Phone	Extension	Fax		Mobile	e Phone	Emerg	encv P	hone	Email A					
757-422-8182	ZACCHOICH	615-250-4	1907		54-7488	28	,			koa.net				
Contact Role(s): O	wner													
Name				Org	ganization							Jol	b Title	
Ms. Robyn Koromh	as			Му	stic Koa					Region	nal Vi	ce Pres	sid	
Mailing Address Lin	e One		Mailing	Address	Line Two					City		S	tate	Zip Code
2525 Frontage Road	t								Davenp	ort	ort		FL	33837
Business Phone	Extension	Fax		Mobile	e Phone	Emerg	ency P	hone	Email A	ddress				
406-254-7476		407-386-3	312			406-	-254-74	176	rkorom	has@ko	a.net			
Contact Role(s): Le	gal Contact													
Name				Org	ganization							Jol	b Title	
Ms. Allison Lago				Kaı	mpground	s of Ame	erica							
Mailing Address Lin	e One		Mailing	Address	Line Two					City		S	tate	Zip Code
118 Pendleton Hill I	Rd								North S	Stoningto	on		CT	06359
Business Phone	Extension	Fax		Mobile	e Phone	Emerg	ency P	hone	Email A	ddress				
860-599-5101				860-50	01-1054				alago@	koa.net				
Contact Role(s): A	dministrative	Contact												

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Departmen							ction	
PWS ID	Water Quality M PWS Name	onitoring an	a Con					or Tuno Dr	imamı Caura
CT1020224	207 PROV-N LONDON TNPK - N STON	MINICTON		NC	on Po	41	Own	P P	imary Source GW
	(where applicable)	Service	Residen		orcial	Industria	J (Combined	Agricultura
ROUTE 184 AN		Connections	Residei	1		IIIuustiia	11 (Combined	Agricultura
	NORTH STONINGTON	Connections		1					
Towns Serveu.		lonitoring Requ	iireme	nts					
Water Systen	n Facility: DISTRIBUTION SYSTEM								
Total Colifor	,	, ,				1	rout	tine (RT) p	er quarter
	Point (Sampling Point ID)		Monitori	ing Period	Colle	ection Per			ince Status
Select fro	m Inventory of Active Sampling Points		10/1/18	- 12/31/18				Cor	mplete
			1/1/19	- 3/31/19				Cor	nplete
			4/1/19	- 6/30/19					
				- 9/30/19					
Physical Para	ameters (PPS)					1	rout	tine (RT) p	er quarter
Sampling	Point (Sampling Point ID)		Monitori	ing Period	Colle	ection Per	iod	Complia	nce Status
Select fro	m Inventory of Active Sampling Points		10/1/18	- 12/31/18				Cor	nplete
			1/1/19	- 3/31/19				Cor	mplete
			4/1/19	- 6/30/19					
			7/1/19	- 9/30/19					
Water Systen	n Facility: ENTRY POINT (WSF ID: 0	00700)							
Nitrate And	Nitrite (NOX)						1 r	outine (R	T) per year
Sampling	Point (Sampling Point ID)		Monitori	ing Period	Colle	ection Per	iod	Complia	nce Status
ENTRY PC	DINT (3)		1/1/18 -	12/31/18				Cor	mplete
			1/1/19 -	12/31/19				Cor	mplete
			1/1/20 -	12/31/20					
Water Systen	n Facility: WELL 1 (WSF ID: 21798)								
E. Coli (3014	1)					1	rout	tine (RT) p	er quarter
Sampling	Point (Sampling Point ID)		Monitori	ing Period	Colle	ection Per	iod	Complic	nce Status
WELL 1 (2	2)		10/1/18 -	- 12/31/18				Cor	mplete
			1/1/19	- 3/31/19				Cor	mplete
			4/1/19	- 6/30/19					
			7/1/19	- 9/30/19					
Water Systen	n Facility: WELL 2 (WSF ID: 57329)								
E. Coli (3014	1)					1	rout	tine (RT) p	er quarter
Sampling	Point (Sampling Point ID)		Monitor	ing Period	Colle	ection Per	iod	Complic	nce Status
WELL 2 (2			10/1/18	- 12/31/18				Cor	mplete
			1/1/19	- 3/31/19				Cor	mplete
			4/1/19	- 6/30/19					
			7/1/19	- 9/30/19					
	Oth	ner Compliance	Sched	dules					
Compliance Sc	hedule Activity			Due Date		Achiev	ved E	Date	
CROSS CONNE	CTION SURVEY REPORT			3/1/2012					
CROSS CONNE	CTION SURVEY REPORT			3/1/2013					
		·							

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

3/1/2014

3/1/2015

CROSS CONNECTION SURVEY REPORT

CROSS CONNECTION SURVEY REPORT

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

				1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1020224	207 PROV-N LONDON TNPK - N STONINGTO	N		NC	41	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
ROUTE 184 ANI	ROUTE 2	Connections		1			

	Water 9	System Facili	ty and Sampling P	oint Ir	nvento	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
21798	WELL 1	2	WELL 1	Α				
46398	TWIN TANK WATER SOFTENER							
46400	UV LIGHT DISINFECTION							
53725	ATMOSPHERIC STORAGE TANKS							
53727	PUMP STATION							
57329	WELL 2	2	WELL 2	Α				

			Co	ontact Inf	ormation					
Name				Organization	1	Job Title				
Mr. John Zelepos				Zelepos Prop	erty Mgmt Co.		President - Owner			
Mailing Address Lin	e One	ess Line Two		City	State	Zip Code				
56 West Main Stree	t					Mystic		СТ	06355	
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ac	ldress			
860-536-7469		860-536-	5463		860-885-9077	jzelepos@aol.com				
Contact Role(s): A	dministrative	Contact, Leg	al Contact, O	wner						

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Schedule Generation Date: 4/11/2019

		Connecticut De	epartment o	f Public H	lealth	Drink	king V	Vater S	ection	
			uality Moni				_			
PWS ID		PWS Name	quality Moni	toring an					un or Tuno D	rimanı Cauraa
			IBLE CHURCH				ition Po	_	P	rimary Source
CT102023		NORTH STONINGTON B	IBLE CHURCH	Comico	Dasidant	NC		25	-	GW
JEREMY H		here applicable)		Service Connections	Resident	lai Com	mercial	Industrial	Combined	Agricultural
		ORTH STONINGTON		Comiccions			1			
TOWIIS SEI	rveu. N	OKIH STOMINGTON	D.C. o. i.	havina Dan	.:	-4-				
Water Sv	ustom I	Facility: DISTRIBUTIC		toring Requ	uiremei	nts				
-	•	,	NA STSTEINT (WSF	10.00000)				1	utino (PT)	nor guarter
Total Co		(3100) pint (Sampling Point ID)			Monitorii	na Pariod	Colle	ro ection Period		per quarter ance Status
_		Inventory of Active Sam			10/1/18 -	_		ection Period		mplete
Selec	Ct II OIII	inventory of Active Sam	piling Politis		1/1/19 -		•			mplete
					4/1/19 -					Приссе
					7/1/19 -					
Physical	l Paran	neters (PPS)			7, 2, 23	3, 33, 23		1 ro	utine (RT) i	per quarter
-		oint (Sampling Point ID)			Monitorii	na Period	Colle	ection Period		ance Status
		Inventory of Active Sam			10/1/18 -					mplete
		, , , , , , , , , , , , , , , , , , , ,	<u> </u>		1/1/19 -		<u> </u>			mplete
					4/1/19 -					
					7/1/19 -					
Water Sy	ystem I	acility: ENTRY POIN	T (WSF ID: 00700))						
-	•	trite (NOX)						1 ro	utine (RT)	per quarter
		oint (Sampling Point ID)			Monitorin	ng Period	Colle	ection Period		ance Status
ENTF	RY POIN	IT (3)			10/1/18 -				Co	mplete
					1/1/19 -	3/31/19			Co	mplete
					4/1/19 -	6/30/19				
					7/1/19 -	9/30/19				
		Wate	er System Faci	lity and Sa	mpling	Point I	Invent	ory		
Water							Tota	l Lead an	d	
System		r System Facility		t Sampling Po	int		Colifor			Stage
Facility ID			ID	Description		Statu		Rule Tie	r Asbestos	WQP 2 DBPR
00600	DISTR	IBUTION SYSTEM	4	DISTRIBUTIO		Α	Υ			
				// WITHIN 5 SE						
			UPSTREAM	WITHIN 5 SE	RVICE CON	I A				
00700	ENTR	POINT	3	ENTRY POINT	Γ	Α				
21799	WELL		2	WELL		Α				
			Co	ntact Infor	mation					
Name				Organization					Job Title	
Pastor La	rry Cha	ppell	I	North Stoningto	n Bible Ch	urch	F	Pastor		

Zip Code Mailing Address Line One Mailing Address Line Two City State 100 D Jeremy Hill Road North Stonington CT 06359 Emergency Phone | Email Address **Business Phone** Extension Fax Mobile Phone 860-535-3430 Ichappell5@comcast.net Contact Role(s): Legal Contact

C	onnecticu	t Depa	rtment	of Public	Health	n Dri	nking	g Water	Section	
	Wate	er Qua	lity Mon	itoring a	nd Cor	npli	ance S	Schedul	le	
PWS ID PY	WS Name					Class	ification	Population	Owner Type	Primary Source
CT1020234 N	ORTH STONING	TON BIBLE	CHURCH				NC	25	Р	GW
Local Address (who	ere applicable)			Service	Reside	ntial C	ommerci	al Industri	al Combin	ed Agricultura
JEREMY HILL ROAD)			Connection	ns		1			
Towns Served: NO	RTH STONINGTO	N						1	'	
Name				Organization					Job Titl	е
Mr. Nelson S. Holt				North Stoning	ton Bible C	Church		Represen	tative	
Mailing Address Li	ne One		Mailing Addr	ess Line Two				City	State	Zip Code
60 Ann Avenue							Mystic		СТ	06355
Business Phone	Extension	Fax	Mo	obile Phone	Emergenc	y Phon	e Email A	Address	,	
860-536-0506										
Contact Role(s): A	Administrative Co	ontact	•	,						

Please note the following:

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department	of Public H	lealth	Dı	rinking	Water	S	ection	
	Water Quality Mon	itoring an	d Con	npl	iance S	Schedu	le		
PWS ID	PWS Name			Clas	ssification	Population	Ov	vner Type I	Primary Source
CT1020354	ST THOMAS MORE CATHOLIC CHURCH				NC	25		Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial	Commerci	al Industi	ial	Combined	d Agricultural
87 MYSTIC ROAI	D	Connections			1				
Towns Served: N	NORTH STONINGTON					,		,	
	Mon	itoring Requ	ıireme	nts					
Water System	Facility: DISTRIBUTION SYSTEM (WS	F ID: 00600)							
Total Coliform	1 (3100)						1 ro	utine (RT)	per quarter
Sampling F	Point (Sampling Point ID)		Monitori	ing P	Period C	ollection P	eriod	d Comp	liance Status
Select from	Inventory of Active Sampling Points		10/1/18 -	12/	31/18			С	omplete
			1/1/19 -	3/3	1/19			С	omplete
			4/1/19 -	6/3	0/19				
			7/1/19 -	9/3	0/19				
Physical Parai	meters (PPS)						1 ro	utine (RT)	per quarter
Sampling F	Point (Sampling Point ID)		Monitori	ing P	Period C	ollection P	eriod	d Comp	liance Status
Select from	Inventory of Active Sampling Points		10/1/18 -	12/	31/18			С	omplete
			1/1/19 -	3/3	1/19			С	omplete
			4/1/19 -	6/3	0/19	·			

water system ruemey. Entite 1 ont (vos 15. 00700)			
Nitrate (1040)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Nitrite (1041)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete

Water System Facility: FNTRY POINT (WSF ID: 00700)

7/1/19 - 9/30/19

1/1/19 - 12/31/19 1/1/20 - 12/31/20

	Wa	ater System Facili	ity and Sampling P	oint Ir	nvento	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	age DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
21805	WELL	2	W/FI I	Δ				

21805 WELL				Z WELL		١					
				Contact Info	ormation						
Name Organization Job Title											
Diocese of Norwich	1										
Mailing Address Lin	e One		Mailing	Address Line Two		City State Zi					
203 Broadway						Norwich	CT	06360			
Business Phone Extension Fax			Mobile Phone	Emergency Phone	Email Address						

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connectic	ut Depa	rtme	ent of	Public H	Iealth	Drir	nking	Water	Section	n	
	Wa	ter Qua	lity N	Jonit o	oring an	d Con	ıplia	nce S	chedul	5		
PWS ID	PWS Name										e Pr	imary Source
CT1020354	ST THOMAS MO	RE CATHOLI	C CHUR	СН			N	С	25	Р		GW
Local Address (w	here applicable)				Service	Residen	tial Co	mmercia	l Industria	I Combi	ned	Agricultural
87 MYSTIC ROAD)				Connections			1				
Towns Served: N	ORTH STONING	ΓΟΝ								·		
Contact Role(s):	Owner											
Name				Or	ganization					Job Ti	tle	
Reverend Anton	y Alaharasan			St	Thomas More	Catholic	Church		Pastor			
Mailing Address	Line One		Mailing	g Address	Line Two				City	Stat	е	Zip Code
87 Mystic Road								North St	tonington	СТ		06359
Business Phone	e Extension	Fax		Mobil	e Phone Ei	mergency	Phone	Email A	ddress			
860-535-1601												
Contact Role(s):	Legal Contact											
Name				Or	ganization					Job Ti	tle	
Mr. Thomas Kap	olowicz			St.	Thomas More	e Church			Maintenar	ice Super.		
Mailing Address	Line One		Mailing	g Address	Line Two				City	Stat	е	Zip Code
87 Mystic Road								North St	tonington	СТ		06359
Business Phone	e Extension	Fax		Mobil	e Phone Ei	mergency	Phone	Email A	Address			
860-535-1601		860-535-	2828					smchurd	ch01@snet.	net		
Contact Role(s)	Administrative	Contact										

Contact Role(s): Administrative Contact

Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1020364	STARDUST MOTEL				NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
544 PROVIDENC	E NEW LONDON TURNPIKE	Connections			1			

Towns Served: NORTH STONINGTON

Monitoring Re	quirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

			• •					
Public Notification Requirements								
	Compliance	Notice	Public No	<u>otification</u>	PN Certification			
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received		
Distribution Turbidity MCL Violation	10/1/05 - 12/31/05	2	2/4/2006		2/14/2006			
Distribution Turbidity MCL Violation	1/1/06 - 3/31/06	2	4/5/2006		4/15/2006			

1/1/20 - 12/31/20

Water System Facility and Sampling Point Inventory Water **Total** Lead and Water System Facility Sampling Point Sampling Point **Coliform** System Copper Stage ID **Description** Facility ID Rule Rule Tier Asbestos WQP 2 DBPR **Status** DISTRIBUTION SYSTEM 4 **DISTRIBUTION SYSTEM** 00600 Α Υ DOWNSTREAM WITHIN 5 SERVICE CON Α **UPSTREAM** WITHIN 5 SERVICE CON Α 00700 **ENTRY POINT** 3 **ENTRY POINT** Α 2 21806 WELL 1 WELL Α 58633 WELL 2 2 WELL 2 Α 58635 STARDUST WTP

58637	PRESSURE STORAGE

Name	Organization		Job Titl	е
Mr. Amit Patel	Jay Ganesha LL	.C Mem	ber	
Mailing Address Line One	Mailing Address Line Two	City	/ State	Zip Code

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Department of Public Health Drinking water Section											
	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name					Classi	fication	Population	Owner Typ	e Pr	rimary Source	
CT1020364	CT1020364 STARDUST MOTEL					1	1C	25	Р		GW	
Local Address (where applicable)				Service	Residen	tial Co	ommerci	al Industri	al Comb	ned	Agricultural	
544 PROVIDENC	E NEW LONDON	TURNPIKE		Connection	ıs		1					
Towns Served: N	IORTH STONINGT	ON										
544 Providence I	New London Turr	npike					North	Stonington	СТ		06359	
Business Phon	Extension Fax Mobile Phone Emergency Phone Email Address											
860-599-2261		860-599-0450			860-599-	2261 stardustmotel@comcast.net						

Connecticut Department of Dublic Health Drinking Water Costion

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section									
Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source		
CT1020404	STONINGTON INSTITUTE - MAIN BUILDING				NC	77	Р	GW		
Local Address (where applicable)		Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural		
75 SWANTOWN HILL ROAD		Connections			1					

owns Served:	NORTH	STONINGTON
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TOWNS Served. NORTH STORMATON						
Monito	ring Requirements					
Water System Facility: DISTRIBUTION SYSTEM (WSF IE	D: 00600)					
Total Coliform (3100) 1 routine (RT) per quar						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete			
	1/1/19 - 3/31/19		Complete			
	4/1/19 - 6/30/19					
	7/1/19 - 9/30/19					
Physical Parameters (PPS)		1 rout	ine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete			
	1/1/19 - 3/31/19		Complete			
	4/1/19 - 6/30/19					
	7/1/19 - 9/30/19					
Water System Facility: ENTRY POINT (WSF ID: 00700)						
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete			
	1/1/19 - 12/31/19					
	1/1/20 - 12/31/20					
Other Co	mnliance Schedules					

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	3/24/2019	

water System Facility and Sampling Point in	ventoi	ry
	Total	Lec

		-				-			
Water	Markey Contains Free Ultra	Communities on Desiret	Consulting Daint		Total	Lead and			
System	Water System Facility		Sampling Point		Coliform				Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		4-1	Mens Room-First Floo	Α	Υ				
		4-2	House Keeping-First	Α	Υ				
		4-3	Second Floor Staff B	Α	Υ				
		4-4	Presidents Bath	Α	Υ				
		4-5	Well Entry	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
10918	WELL #1	2	WELL	Α					
51479	MAIN HOUSE STORAGE TANK								

Certified Operator Information

	Water Quality Monit	oring and	d Con	npliance	Schedul	e	
PWS ID PWS Name				Classification	Population	Owner Type	Primary Source
CT1020404	STONINGTON INSTITUTE - MAIN BUILDING			NC	77	Р	GW
Local Address (w	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural	
75 SWANTOWN	Connections		1				

Connecticut Department of Public Health Drinking Water Section

Towns Served: NORTH STONINGTON

			Certif	ied Operat	or Information	1			
Water System Fac	cility: DISTR	IBUTION SY	STEM (W	/SF ID: 00600)					
Facility Classification	n: DISTRIBUT	ION SYSTEM							Certification
Operator Name Opera			Operato	т Туре	Certification(s)				Expiration
PHILLIPS, JEFFREY			CHIEF OPE	RATOR	SMALL WATER SYS	TEM OPE	RATOR		6/30/2021
				Contact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Jeffrey Phillips			Stonington I	nstitute		Facilities Dir	ector		
Mailing Address Lin	ailing Address Line One Mailing Address Line Two City State				State	Zip Code			
75 Swantown Hill R	oad					North St	onington	СТ	06359
Business Phone	Extension	Fax	1	Mobile Phone	Emergency Phone	Email Ad	ldress		
860-445-3014		860-535-3	3401			jeff.philli	ips@uhsinc.c	om	
Contact Role(s): A	dministrative	Contact							
Name				Organization	1	Job Title			!
Mr. William A. Anis	kovich			Stonington I	nstitute		Ceo		
Mailing Address Lin	e One		Mailing Ad	ldress Line Two			City	State	Zip Code
75 Swantown Hill R	oad					North St	onington	СТ	06359-0216
Business Phone	Extension	Fax	1	Mobile Phone	Emergency Phone	Email Ad	ldress		
860-535-1010					800-832-1022				
Contact Role(s): Le	gal Contact								

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connection Donartm	ont of Dublic I	[oal+h	Duinlein	~ Maton (Costion	
	Connecticut Departme				_		
	Water Quality N	honitoring an	a Con				
PWS ID	PWS Name				Population C		
CT1020434	NORTH STONINGTON BAPTIST CHU			NC	25	Р	GW
-	here applicable)	Service	Residen	tial Commerc	cial Industrial	Combined	Agricultural
ROCKY HOLLOW		Connections		1			
Towns Served: N	IORTH STONINGTON			_			
		Monitoring Requ	iireme	nts			
•	Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)				(5=)	
Total Coliform	•		0.0	Davidad		outine (RT) բ	•
	oint (Sampling Point ID)				Collection Perio	-	ance Status
Select from	Inventory of Active Sampling Points			12/31/18			mplete
				3/31/19		Co	mplete
				6/30/19			
Diam'r I Danie	······································		//1/19 -	9/30/19	4 .	· · · · · /DT)	
Physical Parar			N. C. and A. and	na Daviad		outine (RT) p	-
	Coint (Sampling Point ID)				Collection Perio		ance Status
Select Irolli	Inventory of Active Sampling Points			12/31/18 3/31/19			mplete mplete
				6/30/19		CO	ilibiete
				9/30/19			
Water System	Facility: TREATMENT PLANT (W	/SF ID: 00700)	7/1/13	3/30/13			
Nitrate (1040	,				1 r	outine (RT) ¡	er quarter
-	oint (Sampling Point ID)		Monitori	ng Period	Collection Perio		ance Status
ENTRY POI	NT (3)		10/1/18 -	12/31/18		Co	mplete
				3/31/19		Co	mplete
				6/30/19			<u>.</u>
			7/1/19 -	9/30/19			
Nitrate And N	itrite (NOX)					1 routine (R	T) per year
Sampling P	oint (Sampling Point ID)		Monitori	ng Period	Collection Perio	-	
ENTRY POIN	NT (3)		1/1/18 -	12/31/18		Co	mplete
			1/1/19 -	12/31/19		Co	mplete
			1/1/20 -	12/31/20			
	Publ	ic Notification R	equire	ments			
		Compliance	Notice	Public I	<u>Notification</u>	PN Cert	<u>ification</u>
Violation/Situat	ion	Period	Tier	Required	Performed	Due to DPH	Received
Nitrate M&R Vio	lation	4/1/13 - 6/30/13	2	10/17/201	3	10/27/2013	
	Water System	Facility and Sai	npling	Point Inve	entory		
Water					Total Lead a	nd	
*		ng Point Sampling Poi	nt		liform Coppe		Stage
Facility ID		D Description		Status		er Asbestos	WQP 2 DBPR
00600 DISTR	RIBUTION SYSTEM	4 DISTRIBUTIO	N SYSTEM	Α	Υ		

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ENTRY POINT

WITHIN 5 SERVICE CON

DOWNSTREAM WITHIN 5 SERVICE CON

WELL

UPSTREAM

3

2

00700

21810 WELL

TREATMENT PLANT

Α

Α

Α

Α

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

		0		1				
PWS ID	PWS Name			Classifi	ication P	opulation	Owner Type	Primary Source
CT1020434	NORTH STONINGTON BAPTIST CHURCH			N	IC	25	Р	GW
Local Address (vhere applicable)	Service	Residen	tial Co	mmercial	Industria	al Combine	ed Agricultural
ROCKY HOLLOV	/ ROAD	Connections			1			

			C	ontact Inf	ormation					
Name				Organization	1		Job Title			
Mr. Gerald H. Simmons				North Stonin	gton Baptist Churc		Trustee			
Mailing Address Line One Mailing Addr			ress Line Two			City	State	Zip Code		
5 Rocky Hollow Roa	d					North St	tonington	СТ	06359	
Business Phone	Extension	Fax	M	obile Phone Emergency Phone Email		Email Ad	ddress			
860-535-0208										

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	epartment of	Public H	lealth [rink	ing W	ater S	ection	
	Water Q	uality Monit	oring and	d Comp	oliano	ce Sch	edule		
PWS ID	PWS Name	-		C	lassificat	tion Pop	ulation O	vner Type	Primary Source
CT1020414	STONINGTON INSTITUT	E - NORTH BUILDING	ì		NC		77	Р	GW
Local Addre	ess (where applicable)		Service	Residentia	I Comn	nercial	Industrial	Combine	d Agricultural
75 SWANTO	OWN HILL ROAD		Connections			1			
Towns Serv	ed: NORTH STONINGTON								
		Monito	oring Requ	irement	ts				
Water Sys	tem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)						
Total Coli	form (3100)						1 rc	utine (RT) per quarter
Sampl	ing Point (Sampling Point ID)		Monitoring	Period	Collec	tion Perio	d Comp	liance Status	
Select	from Inventory of Active Sam	pling Points	:	10/1/18 - 12	2/31/18			C	Complete
				1/1/19 - 3,	/31/19			(Complete
				4/1/19 - 6,	/30/19				
				7/1/19 - 9,	/30/19				
Physical P	Parameters (PPS)						1 rc	utine (RT) per quarter
Sampl	ing Point (Sampling Point ID)			Monitoring	Period	Collec	tion Perio	d Comp	liance Status
Select	from Inventory of Active Sam	pling Points		10/1/18 - 12	2/31/18			(Complete
				1/1/19 - 3,	/31/19			(Complete
				4/1/19 - 6,	/30/19				
				7/1/19 - 9,	/30/19				
Water Sys	tem Facility: ENTRY POIN	T (WSF ID: 00700)							
Nitrate A	nd Nitrite (NOX)						;	L routine ((RT) per year
Sampl	ing Point (Sampling Point ID)			Monitoring	Period	Collec	tion Perio	d Comp	liance Status
ENTRY	POINT (3)			1/1/18 - 12	/31/18			(Complete
				1/1/19 - 12	/31/19				
				1/1/20 - 12	/31/20				
		Other Co	ompliance	Schedu	les				
Compliance	Schedule Activity			Du	e Date		Achieve	d Date	
RESPOND T	O SANITARY SURVEY			3/2	4/2019				
	Wate	er System Facili	ity and Sar	npling P	oint l	nvento	ory		
Water						Total	Lead an		_
	Water System Facility	Sampling Point		nt		Coliforn			Stage
Facility ID		ID	Description		Status		Rule Tie	r Asbesto	s WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ			
		DOWNSTREAM			Α				
		UPSTREAM	WITHIN 5 SER	VICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT		Α				
22714	WELL	2	WELL		Α				
		Certified	Operator	Informa	tion				
Water Sys	tem Facility: DISTRIBUTIO	N SYSTEM (WSF II	D: 00600)						
Facility Clas	ssification: DISTRIBUTION SYS	STEM							Certification

Certification(s)

SMALL WATER SYSTEM OPERATOR

Expiration

6/30/2021

Operator Type

CHIEF OPERATOR

Operator Name

PHILLIPS, JEFFREY

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1020414	STONINGTON INSTITUTE - NORTH BUILDING			NC	77	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial Commerci	al Industri	al Combine	ed Agricultural
75 SWANTOWN	HILL ROAD	Connections		1			

			Co	ontact Inf	ormation				
Name				Organization	1		Job Title		
Mr. William A. Aniskovich Stoning				Stonington I	ington Institute Ceo				
Mailing Address Line One Mailing Addr			ess Line Two		City		State	Zip Code	
75 Swantown Hill R	oad					North St	tonington	СТ	06359-0216
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ad	ddress		
860-535-1010				800-832-1022					

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS Name Classification Population Owner Type Primare				
Water Quality Monitoring and Con	npliance S	Schedul	.e	
PWS Name	Classification	Population	Owner Type	Primary S

PWS ID PWS Name C			Clas	sification	Population	Owner Type	Primary Source	
CT1021043 STONINGTON INSTITUTE - LODGE				NC	77	Р	GW	
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
75 SWANTON HILL ROAD		Connections					1	

10917 WELL#1

Monitoring Requirements								
00600)								
	1 routine (RT) per quart							
Monitoring Period	Collection Period	Compliance Status						
10/1/18 - 12/31/18		Complete						
1/1/19 - 3/31/19		Complete						
4/1/19 - 6/30/19								
7/1/19 - 9/30/19								
	1 routine (RT) per quar							
Monitoring Period	Collection Period	Compliance Status						
10/1/18 - 12/31/18		Complete						
1/1/19 - 3/31/19		Complete						
4/1/19 - 6/30/19								
7/1/19 - 9/30/19								
	1 r	outine (RT) per year						
Monitoring Period	Collection Period	Compliance Status						
1/1/18 - 12/31/18		Complete						
1/1/19 - 12/31/19								
1/1/20 - 12/31/20								
	Monitoring Period 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 Monitoring Period 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 Monitoring Period 1/1/18 - 12/31/18 1/1/19 - 12/31/18	1 rout Monitoring Period Collection Period 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 1 rout Monitoring Period Collection Period 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 1 rout Collection Period 1/1/18 - 12/31/18 1/1/19 - 12/31/18 1/1/19 - 12/31/18						

		vater system racin	ity and Sampling I	Oiiic ii	iventoi	y		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		4-1	Kitchen Wash Sink	Α	Υ			
		4-2	Mop Room	Α	Υ			
		4-3	Dining Room Bath	Α	Υ			
		4-4	Staff Bath	Α	Υ			
		4-5	Well Entry	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				

Water System Facility and Sampling Point Inventory

Contact Information											
Name				Organization	1		Job Title				
Mr. Jeffrey Phillips				Stonington I	Stonington Institute			Facilities Director			
Mailing Address Line One Mailing Add			Address Line Two		City		State	Zip Code			
75 Swantown Hill R	oad					North Stonington CT			06359		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address					
860-445-3014		860-535-3	3401			jeff.phill	ips@uhsinc.co	om			

LODGE WELL

Α

2

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Con	necticut Depa	rtment (of Public H	lealth D)rinking	Water S	ection		
	Water Qua	lity Mon	itoring and	d Comp	oliance S	chedule			
PWS ID PWS N	Name			Cl	lassification P	ssification Population Owner Type Primar			
CT1021043 STON	INGTON INSTITUTE - LO	DDGE			NC	77	Р	GW	
Local Address (where a	applicable)		Service	Residentia	l Commercial	Industrial	Combined	Agricultura	
75 SWANTON HILL ROA	AD		Connections				1		
Towns Served: NORTH	STONINGTON			,					
Contact Role(s): Admi	inistrative Contact								
Name		Organization				Job Title			
Stonington Behavioral	l Health Inc								
Mailing Address Line O	ne	Mailing Addr	ess Line Two			City	State	Zip Code	
75 Swantown Hl		C/O Graig Ho	ffner Philadel			delphia PA		19103	
Business Phone E	extension Fax	Mo	obile Phone Emergency Phone Em			Email Address			
Contact Role(s): Legal	Contact, Owner								
Name			Organization				Job Title		
Mr. Steve Filton			Stonington Beha	vioral Healt	:h I	President			
Mailing Address Line O	ne	Mailing Addr	ess Line Two			City	State	Zip Code	
367 South Gulph Rd					King of F	King of Prussia PA		19406	
Business Phone E	Extension Fax	Mo	pile Phone Emergency Phone Email Address						
Contact Role(s): Legal									

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name C			Clas	ssification	Population	Owner Type	Primary Source	
CT1020444 BUDGET INN				NC	29	Р	GW	
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
593 PROVIDENCE NEW LONDON TPKE		Connections			1			

Monitoring Requirements								
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600))							
Total Coliform (3100)		1 rout	ine (RT) per quarter					
Sampling Point (Sampling Point ID)	Monitoring Period	Monitoring Period Collection Period						
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete					
	1/1/19 - 3/31/19		Complete					
	4/1/19 - 6/30/19							
	7/1/19 - 9/30/19							
Physical Parameters (PPS)		1 rout	ine (RT) per quarter					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete					
	1/1/19 - 3/31/19		Complete					
	4/1/19 - 6/30/19							
	7/1/19 - 9/30/19							
Water System Facility: ENTRY POINT (WSF ID: 00700)								

Water System Facility: ENTRY POINT (WSF ID: 00700)						
Nitrate And Nitrite (NOX)		1 routine (RT) pe				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete			
	1/1/19 - 12/31/19		Complete			
	1/1/20 - 12/31/20					

Public Notification Requirements										
	Compliance	Notice	Public No	<u>tification</u>	PN Certij	<u>fication</u>				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Physical Parameters M&R Violation	10/1/10 - 12/31/10	3	4/29/2011		5/9/2011					
Total Coliform M&R Violation	10/1/10 - 12/31/10	2	4/29/2011		5/9/2011					
Total Coliform M&R Violation	1/1/11 - 3/31/11	2	7/30/2011		8/9/2011					
Total Coliform M&R Violation	4/1/11 - 6/30/11	2	11/13/2011		11/23/2011					
Physical Parameters M&R Violation	1/1/11 - 3/31/11	3	6/29/2012		7/9/2012					
Physical Parameters M&R Violation	4/1/11 - 6/30/11	3	10/13/2012		10/23/2012					
Total Coliform M&R Violation	7/1/12 - 9/30/12	2	1/30/2013		2/9/2013					
Physical Parameters M&R Violation	7/1/12 - 9/30/12	3	12/31/2013		1/10/2014					
E. Coli	7/1/18 - 9/30/18	3	12/4/2019		12/14/2019					

Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
22994	WELL #1	2	WELL #1	Α					

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name				Clas	ssification	Population	Owner Type	Primary Source
CT1020444	BUDGET INN					NC	29	Р	GW
Local Address (v	where applicable)		Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
593 PROVIDENC	CE NEW LONDON TPKE		Connections			1			

Water System Facility and Sampling Point Inventory										
Water			Total	Lead and						
System Water System Facility	Sampling Point	Sampling Point	Coliforn	n Copper	S	Stage				
Facility ID	ID	Description	Status Rule	Rule Tier	Asbestos WQP 2	DBPR				
57424 TREATMENT PLANT										

Contact Information											
Name				Organization	1	Job Title					
Mr. Yogesh N. Patel				Radha And K	asna, LLC		Manager				
Mailing Address Line One Mailing Addr			ess Line Two			City State Zip Code					
593 Providence-Nev	w London Turr	npike				North St	onington	СТ	06359		
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Address					
860-599-0835						yogirenu	ı@yahoo.com				

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1020454	563 PROVIDENCE-NEW LONDON TNPK				NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
563 PROVIDENC	E-NEW LONDON TNPK (RTE 184)	Connections			1			

Towns Served: NORTH STONINGTON

Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	00)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete

Public Notification Requirements											
	Compliance	Notice	Public No	<u>tification</u>	PN Certification						
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	12/13/17 - 1/12/18	2	4/18/2018		4/28/2018						
REVISED TOTAL COLIFORM RULE (RTCR)	1/13/18 - 1/15/18	3	3/19/2019		3/29/2019						
REVISED TOTAL COLIFORM RULE (RTCR)	12/13/17 - 1/15/18	3	3/19/2019		3/29/2019						

1/1/20 - 12/31/20

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

				1			
PWS ID	PWS ID PWS Name C				Population	Owner Type	Primary Source
CT1020454	563 PROVIDENCE-NEW LONDON TN	PK		NC	25	Р	GW
Local Address (where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
563 PROVIDEN	CE-NEW LONDON TNPK (RTE 184)	Connections		1			

	Wa	ater System Facili	ty and Sampling P	oint Ir	vento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
23083	WELL #1	2	WELL #1	Α					
TR01	TREATMENT PLANT								

		C	Contact Inf	ormation				
			Organization	n	Job Title			
Mr. Bruce M. Thomas Owner								
e One		Mailing Add	dress Line Two	1		City	State	Zip Code
					Taunton		MA	02780
Extension	Fax	N	Nobile Phone	Emergency Phone	Email Address			
	508-823-7	7400		860-514-8788	bru14@comcast.net			
	e One	e One Extension Fax	nas e One Mailing Ado	e One Mailing Address Line Two Extension Fax Mobile Phone	e One Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone	Organization ass e One Mailing Address Line Two Taunton Extension Fax Mobile Phone Emergency Phone Email Ad	Organization Owner e One Mailing Address Line Two City Taunton Extension Fax Mobile Phone Emergency Phone Email Address	Organization Job Title nas Owner e One Mailing Address Line Two City State Taunton MA Extension Fax Mobile Phone Emergency Phone Email Address

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Constitution	a -CD LU-U	r lul.	D	2.12.	. XA7-1 (2 - 4		
	Connecticut Departmer Water Quality Mo				`				
PWS ID	PWS Name			Cla	ssification	Population C	Owner Type Pr	imary Source	
CT1020464	SUBWAY - N STONINGTON				NC	25	Р	GW	
Local Address (\	where applicable)	Service	Residen	ntial	Commerc	ial Industrial	Combined	Agricultural	
230 NORWICH -	- WESTERLY ROAD	Connections			1				
Towns Served: I	NORTH STONINGTON					·	·		
	M	onitoring Requ	ıireme	nts	5				
Water System	Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)							
Total Coliforn	n (3100)					1 ו	outine (RT) p	er quarter	
Sampling I	Point (Sampling Point ID)		Monitori	ing F	Period (Collection Perio	od Compli	ance Status	
Select fron	n Inventory of Active Sampling Points		10/1/18 -	- 12/	/31/18				
			1/1/19	- 3/3	31/19				
			4/1/19	- 6/3	0/19				
			7/1/19	- 9/3	0/19				
Physical Para	meters (PPS)					1 :	outine (RT) p	er quarter	
Sampling Point (Sampling Point ID)						Collection Peri	od Compli	ance Status	
Select fron	n Inventory of Active Sampling Points		10/1/18						
			1/1/19						
			4/1/19						
			7/1/19	- 9/3	0/19				
•	Facility: ENTRY POINT (WSF ID: 0	0700)							
Nitrate And N	•						1 routine (R		
	Point (Sampling Point ID)		Monitori	_		Collection Peri			
ENTRY POI	NT (3)		1/1/18 -				Co	mplete	
			1/1/19 -		-				
			1/1/20 -						
	Oth	er Compliance	Sched	dule	es				
Compliance Sch	nedule Activity			Due	Date	Achiev	ed Date		
RESPOND TO SA	ANITARY SURVEY		7	7/28	/2016				
	Public	Notification R	Require	eme	ents				
		Compliance	Notice	?	<u>Public N</u>	<u>otification</u>	PN Cert	<u>ification</u>	
Violation/Situa		Period	Tier		Required	Performed	Due to DPH	Received	
Total Coliform N		4/1/06 - 6/30/06	2		8/11/2006		8/21/2006		
•	eters M&R Violation	10/1/18 - 12/31/18			2/28/2020		3/9/2020		
Total Coliform N		10/1/18 - 12/31/18	_		2/28/2020		3/9/2020		
	Water System I	acility and Sar	mpling	Po	int Inve	ntory			
Water					T	otal Lead a	nd		

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
23112	WELL #1	2	WELL #1	Α								
57587	STORAGE											

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

				_			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1020464	SUBWAY - N STONINGTON			NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
230 NORWICH - WESTERLY ROAD		Connections		1			

			Co	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Dharmendra Mita Patel				Subway - N S	Stonington		Owner		
Mailing Address Line One			Mailing Add	Iress Line Two			City	State	Zip Code
64 Rocky Hollow Ro	ad					North St	tonington	СТ	06359
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address			
860-535-3025									

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

				1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1020474	PETROGAS GROUP US INC			NC	25	Р	GW
Local Address (where applicable)	Service	Resident	tial Commerci	al Industri	al Combine	ed Agricultural
560 PROVIDEN	CE NEW LONDON TURNPIKE	Connections		1			

Towns Served. NORTH STONINGTON						
Monitor	ring Requirements					
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	: 00600)					
Total Coliform (3100)		1 routine (RT) per quarte				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete			
	1/1/19 - 3/31/19		Complete			
	4/1/19 - 6/30/19					
	7/1/19 - 9/30/19					
Physical Parameters (PPS)		1 rout	ine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete			
	1/1/19 - 3/31/19		Complete			
	4/1/19 - 6/30/19					
	7/1/19 - 9/30/19					
Water System Facility: ENTRY POINT (WSF ID: 00700)						
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete			
	1/1/19 - 12/31/19					
	1/1/20 - 12/31/20					

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT (WSFID: 00700)

Analyte	Monitoring Requirement (Summary Ty	ype) Operating Limit	t	Samples Req/Month		
рН	Entry Point pH Monitoring (PHRD)	Minimum: 7.0	PH	Daily		
Start Date: 6/1/2011		Compliance History:	Operating Limit	Monitoring		
		Monitoring Period	Compliance Status	: Compliance Status:		
		11/1/2018 - 11/30/2018		N		
		12/1/2018 - 12/31/2018		N		
		1/1/2019 - 1/31/2019		N		
		2/1/2019 - 2/28/2019		N		
		3/1/2019 - 3/31/2019				
		4/1/2019 - 4/30/2019				

Public Notification Requirements

	Compliance	Notice	Public No	Public Notification		PN Certification	
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received	
Total Coliform MCL Violation	10/1/06 - 12/31/06	2	12/15/2006		12/25/2006		
Total Coliform MCL Violation	11/1/06 - 11/30/06	2	12/30/2006		1/9/2007		

Water System Facility and Sampling Point Inventory

Water				Total	Lead and	
System	Water System Facility	Sampling Point	Sampling Point	Coliform	Copper	Stage
Facility ID		ID	Description	Status Rule	Rule Tier	Asbestos WQP 2 DBPR

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Quality Monitoring and Compliance Schedule									
PWS ID PWS Name				Cla	ssification	Population	Owner Type	Prim	nary Source	
CT1020474 PETROGAS GROUP US INC					NC	25	Р		GW	
Local Address (where applicable)		Service	Residential		Commerci	al Industri	al Combin	ed /	Agricultural	
560 PROVIDENC	Connections			1						

Connecticut Department of Public Health Drinking Water Section

Towns Served: NORTH STONINGTON

	Water System Facility and Sampling Point Inventory											
Water					Total	Lead and						
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage			
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
48116	WELL 1	2	WELL 1	Α								
57651	TREATMENT PLANT											
57653	PRESSURE TANK											

			Certifie	ed Operat	or Information	1				
Water System Fac	cility: TREAT	MENT PLA	NT (WSF II	D: 57651)						
Facility Classification	on:								Certification	
Operator Name			Operator :	Туре	Certification(s)	Certification(s)				
STEWART, MICHAEL J. CHIEF OP				ATOR	DISTRIBUTION SYS	ТЕМ ОРЕ	RATOR - CLA	SS I	6/30/2019	
			WAT		WATER TREATMEN	IT PLANT	OPERATOR -	- CLASS I	6/30/2019	
			С	ontact Inf	ormation					
Name				Organization	Organization Job Tit				tle	
Mr. Matthew Scally	1			Petrogas Gro	Petrogas Group Ne, Inc. Head of Operations					
Mailing Address Lin	e One		Mailing Add	lress Line Two	City		State	Zip Code		
168 N. Main Street Suite B		Suite B			Andover		MA	01810		
Business Phone	Extension	Fax	M	lobile Phone	Emergency Phone	Email Ad	ldress			
978-409-1205						matthev	v.scally@app	plegreen.ie		

Name Petrogas Group New England Inc Mr. Trevor Moore President

Job Title Organization

Zip Code Mailing Address Line One Mailing Address Line Two Citv State 168 N Main St Suite B Andover MA 01810 **Business Phone** Extension Fax Mobile Phone Emergency Phone Email Address

347-909-0738 347-909-0738 trevor.moore@applegreen.ie

Contact Role(s): Legal Contact, Owner

Contact Role(s): Administrative Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Departmen	at of Dublic L	[oalth	D	cinlein	σ M	Intor	Sc	oction	
	Connecticut Departmen				`	_			ction	
	Water Quality M	onitoring an	a Con	_		_				
PWS ID	PWS Name			Clas		-		Ow		rimary Sourc
CT1020484	DUNKIN DONUTS (ROUTE 2)		I		NC		63		Р	GW
	(where applicable)	Service	Residen	ntial	Commerc	ial I	Industri	al	Combined	Agricultura
	H WESTERLY ROAD (ROUTE 2)	Connections			1					
Towns Served	: NORTH STONINGTON									
	M	lonitoring Requ	ireme	nts						
Water Syster	m Facility: DISTRIBUTION SYSTEM ((WSF ID: 00600)								
Total Colifor	rm (3100)						1	rou	utine (RT)	per quarter
Sampling	g Point (Sampling Point ID)		Monitori	ing P	eriod (Collec	ction Pe	riod	Compl	ance Status
Select fro	om Inventory of Active Sampling Points		10/1/18 -	- 12/	31/18				Co	mplete
			1/1/19	- 3/3	1/19				Co	mplete
			4/1/19	- 6/3	0/19					
			7/1/19	- 9/3	0/19					
Physical Par	rameters (PPS)						1	rou	utine (RT)	per quarter
Sampling	g Point (Sampling Point ID)		Monitori	ing P	eriod (Collec	ction Pe	riod	Compl	ance Status
Select fro	om Inventory of Active Sampling Points		10/1/18 -	- 12/	31/18				Co	mplete
			1/1/19	- 3/3	1/19				Co	mplete
			4/1/19	- 6/3	0/19					
			7/1/19 -	- 9/3	0/19					
Water Syster	m Facility: ENTRY POINT (WSF ID: 0	0700)								
Nitrate And	Nitrite (NOX)							1	routine (F	RT) per year
Sampling	g Point (Sampling Point ID)		Monitori	ing P	eriod (Collec	ction Pe	riod	Compl	ance Status
ENTRY PO	OINT (3)		1/1/18 -	12/3	31/18				Co	mplete
			1/1/19 -	12/3	31/19					
			1/1/20 -	12/3	31/20					
Water Syster	m Facility: WELL 1 (WSF ID: 48142)									
E. Coli (301	4)						1	rou	utine (RT)	per quarter
Sampling	g Point (Sampling Point ID)		Monitori	ing P	eriod (Collec	ction Pe	riod	Compl	ance Status
WELL 1 (2	2)		10/1/18 -	- 12/	31/18				Co	mplete
			1/1/19	- 3/3	1/19				Co	mplete
			4/1/19	- 6/3	0/19					

Public	Notification R	equiren	nents			
	Compliance	Notice	Public No	Public Notification		<u>fication</u>
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
E. Coli	10/1/17 - 12/31/17	3	3/7/2019		3/17/2019	

7/1/19 - 9/30/19

	Wa	ater System Facili	ty and Sampling P	oint Ir	vento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
48142	WELL 1	2	WELL 1	Α					
56597	TREATMENT PLANT-UV								

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	Water Quality Monito	oring and	d Con	npl	iance S	Schedul	e	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1020484	DUNKIN DONUTS (ROUTE 2)				NC	63	Р	GW
Local Address (w	here applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
136 NORWICH V	Connections			1				

Connecticut Department of Public Health Drinking Water Section

Fax I	Organization Dan's Manag ddress Line Two Mobile Phone 401-440-6850	ement Company Emergency Phone 401-440-6850	City Providence Email Address	Job Title ac -Operator State RI ssmanagement.com	Zip Code 02908			
Fax 1	ddress Line Two	Emergency Phone	City Providence Email Address	State RI	02908			
Fax 1	Mobile Phone		Providence Email Address	RI	02908			
-331-0931			Email Address					
-331-0931				ısmanagement.c	om			
	401-440-6850	401-440-6850	Jcatalfamo@dan	ismanagement.c	om			
t		•	'		alfamo@dansmanagement.com			
	Organization	1		Job Title				
Mailing Ac	ddress Line Two		City	State	Zip Code			
			Providence	RI	02908			
Fax I	Mobile Phone	Emergency Phone	Email Address	ddress				
		Mailing Address Line Two Fax Mobile Phone		Providence	Providence RI			

Please note the following:

Towns Served: NORTH STONINGTON

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

CT1021053	STONINGTON INSTITUTE - INFIRMARY	NC	39	Р	GW
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
	Water Quality Monitoring and Con	npliance S	Schedul	e	
	Connecticut Department of Public Health	Drinking	g Water	Section	

Connections

Residential Commercial

1

Industrial

Agricultural

Combined

Service

	Ta	Comicadi	NODTLL	CTONUNCT	\sim
ı	nwns	Served.	NORTH	STONINGT	

Local Address (where applicable)

75 SWANTOWN HILL ROAD

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RESPOND TO SANITARY SURVEY 3/24/2019	Motor System Facility and Samplin	a Daint In	vontory	
	RESPOND TO SANITARY SURVEY	3/24/2019		

		,	· , · · · · · · · · · · · · · · · · · ·	•		7		
Water System	Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and Copper		Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	_
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
10961	WELL #2	2	WELL #2	Α				
48300	INTERCONNECTION - KNOLLWOOD							

				Contact Inf	ormation					
Name				Organization	1	Job Title				
Mr. Jeffrey Phillips				Stonington I	nstitute		Facilities Director			
Mailing Address Lin	Line One Mailing Address Line 1			Address Line Two			City	State	Zip Code	
75 Swantown Hill R	oad					North St	onington	СТ	06359	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress			
860-445-3014	50-445-3014 860-535-3401					jeff.phill	ips@uhsinc.c	om		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

(Connectic	ut Depa	rtment of	Public I	Health 1	Drin	iking '	Water S	Section	
	Wa	ter Qua	lity Monito	oring an	nd Com	plia	nce So	chedule	9	
PWS ID	PWS Name				(Classifi	cation P	opulation C	Owner Type	Primary Source
CT1021053	STONINGTON INSTITUTE - INFIRMARY					N	С	39	Р	GW
Local Address (wl	here applicable)			Service	Residenti	ial Co	mmercial	Industrial	Combine	d Agricultural
75 SWANTOWN I	HILL ROAD			Connections	S		1			
Towns Served: No	ORTH STONINGT	ON								
Contact Role(s):	Administrative	Contact								
Name	1		Org	ganization			Job Title			!
Mr. William A. A	niskovich		Sto	onington Inst	itute		Ceo			
Mailing Address I	ine One		Mailing Address	ess Line Two			City		State	Zip Code
75 Swantown Hill	Road						North St	onington	CT	06359-0216
Business Phone	Extension	Fax	Mobile	e Phone E	Emergency F	Phone	E Email Address			
860-535-1010					800-832-1	022				
Contact Role(s):	Legal Contact		,							
Name	1		Org	ganization					Job Title	!
Mr. Mitchel L. W	illsie		Sto	onington Inst	itute			Dir Facilitie	s Mgmt	
Mailing Address Line One Mailing Address				Line Two				City	State	Zip Code
75 Swantown Hill Road						North St	onington	CT	06359	
Business Phone	Extension	Fax	Mobile	e Phone E	Emergency F	Phone	Email Ad	dress		
860-535-1010	233	860-535-4	1820		860-535-1	010				
Contact Role(s):	Legal Contact						•			

Contact Role(s): Legal Conta

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department o Water Quality Moni				_			on	
PWS ID	PWS Name			Cla	ssification	Population	Owner ⁻	ype F	Primary Source
CT1021064	NORTH STONINGTON XTRA MART				NC	35	Р		GW
Local Address (v	vhere applicable)	Service	Residen	tial	Commerci	al Industri	al Cor	binec	d Agricultural
226 NORWICH \	WESTERLY ROAD	Connections			1				

Towns Served	l: NORTH	STONINGTON
--------------	----------	------------

Monitoring Requirements						
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0	0600)					
Total Coliform (3100)		1 rout	ine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete			
	1/1/19 - 3/31/19		Complete			
	4/1/19 - 6/30/19					
	7/1/19 - 9/30/19					
Physical Parameters (PPS)		1 rout	ine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete			
	1/1/19 - 3/31/19		Complete			
	4/1/19 - 6/30/19					
	7/1/19 - 9/30/19					
Water System Facility: ENTRY POINT (WSF ID: 00700)						
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete			
	1/1/19 - 12/31/19					
	1/1/20 - 12/31/20					

Public Notification Requirements								
	Compliance	Notice	Public No	<u>tification</u>	PN Certi	<u>fication</u>		
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received		
Physical Parameters M&R Violation	7/1/17 - 9/30/17	3	1/9/2019	3/4/2019	1/19/2019	3/4/2019		
Total Coliform M&R Violation	7/1/17 - 9/30/17	3	1/9/2019	3/4/2019	1/19/2019	3/4/2019		
Physical Parameters M&R Violation	1/1/18 - 3/31/18	3	6/22/2019	3/4/2019	7/2/2019	3/4/2019		
Physical Parameters M&R Violation	10/1/17 - 12/31/17	3	6/22/2019	3/4/2019	7/2/2019	3/4/2019		
Total Coliform M&R Violation	1/1/18 - 3/31/18	3	6/22/2019	3/4/2019	7/2/2019	3/4/2019		
Total Coliform M&R Violation	10/1/17 - 12/31/17	3	6/22/2019	3/4/2019	7/2/2019	3/4/2019		

	Water System Facility and Sampling Point Inventory								
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
48885	WELL 1	2	WELL 1	Α					

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	<u> </u>			1				
PWS ID	PWS Name			Classificat	ion P	opulation	Owner Type	Primary Source
CT1021064	NORTH STONINGTON XTRA MART			NC		35	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial Comn	nercial	Industri	al Combine	ed Agricultural
226 NORWICH	WESTERLY ROAD	Connections			1			

				Contact Inf	ormation				
Name				Organization	1		Job Title		
Mr. Ibrahim Badat				20Th Real Es	tate Mngmnt Inc Ct		Owner		
Mailing Address Line One Mailing Addr				Address Line Two	ress Line Two			State	Zip Code
15376 Kuykendahl I	Road					Houston		TX	77090
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
832-375-0000		832-375-0	0167			badat.fo	xfuel@gmai	l.com	

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name C				Cla	ssification	Population	Owner Type	Primary Source
CT1021074 KINGDOM HALL OF JEHOVAHS WITNESSES					NC	225	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
530 PROVIDENC	E - NEW LONDON TPKE	Connections			1			

Towns Served: NORTH STONINGTON

ring Doguiromants		
<u> </u>		
: 00600)		
		tine (RT) per month
	Collection Period	Compliance Status
11/1/18 - 11/30/18		Complete
12/1/18 - 12/31/18		Complete
1/1/19 - 1/31/19		Complete
2/1/19 - 2/28/19		Complete
3/1/19 - 3/31/19		Complete
4/1/19 - 4/30/19		Complete
5/1/19 - 5/31/19		
6/1/19 - 6/30/19		
7/1/19 - 7/31/19		
8/1/19 - 8/31/19		
9/1/19 - 9/30/19		
10/1/19 - 10/31/19		
	1 rou	tine (RT) per month
Monitoring Period	Collection Period	Compliance Status
11/1/18 - 11/30/18		Complete
12/1/18 - 12/31/18		Complete
1/1/19 - 1/31/19		Complete
2/1/19 - 2/28/19		Complete
3/1/19 - 3/31/19		Complete
4/1/19 - 4/30/19		Complete
5/1/19 - 5/31/19		
6/1/19 - 6/30/19		
7/1/19 - 7/31/19		
8/1/19 - 8/31/19		
9/1/19 - 9/30/19		
10/1/19 - 10/31/19		
	1 r	outine (RT) per year
Monitoring Period	Collection Period	Compliance Status
1/1/18 - 12/31/18		Complete
1/1/19 - 12/31/19		Complete
1/1/20 - 12/31/20		
mnliance Schedules		
	12/1/18 - 12/31/18 1/1/19 - 1/31/19 2/1/19 - 2/28/19 3/1/19 - 3/31/19 4/1/19 - 4/30/19 5/1/19 - 5/31/19 6/1/19 - 6/30/19 7/1/19 - 7/31/19 8/1/19 - 8/31/19 9/1/19 - 9/30/19 10/1/19 - 10/31/19 Monitoring Period 11/1/18 - 12/31/18 1/1/19 - 1/31/19 2/1/19 - 2/28/19 3/1/19 - 3/31/19 4/1/19 - 4/30/19 5/1/19 - 5/31/19 6/1/19 - 6/30/19 7/1/19 - 7/31/19 8/1/19 - 8/31/19 8/1/19 - 8/31/19 9/1/19 - 9/30/19 10/1/19 - 10/31/19 Monitoring Period 1/1/18 - 12/31/18 1/1/19 - 10/31/19	1 rou Monitoring Period 11/1/18 - 11/30/18 12/1/18 - 12/31/18 1/1/19 - 1/31/19 2/1/19 - 2/28/19 3/1/19 - 3/31/19 4/1/19 - 4/30/19 5/1/19 - 5/31/19 6/1/19 - 6/30/19 7/1/19 - 7/31/19 8/1/19 - 8/31/19 9/1/19 - 10/31/19 1 rou Monitoring Period 11/1/18 - 11/30/18 12/1/18 - 12/31/18 1/1/19 - 1/31/19 2/1/19 - 3/31/19 3/1/19 - 3/31/19 4/1/19 - 4/30/19 5/1/19 - 5/31/19 4/1/19 - 4/30/19 5/1/19 - 5/31/19 6/1/19 - 6/30/19 5/1/19 - 7/31/19 8/1/19 - 8/31/19 8/1/19 - 8/31/19 9/1/19 - 9/30/19 10/1/19 - 10/31/19 1 rou Collection Period Collection Period 1/1/18 - 12/31/19 6/1/19 - 10/31/19 1 rou Collection Period Collection Period 1/1/19 - 1/31/19

Other Compliance Schedules

 Compliance Schedule Activity
 Due Date
 Achieved Date

 CROSS CONNECTION SURVEY REPORT
 3/1/2020

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Public	Notification	Requirements

Compliance Notice Public Notification PN Certification

Violation/Situation Period Tier Required Performed Due to DPH Received

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

(onnectic	ut Dena	rtment of	Public F	Jealth	Drir	nking I	Nater S	ection	
		•					_		CCCIOII	
DIA (C. ID.		ter Qua	lity Monite	oring an	a Con	_			- 1	
	PWS Name							-		Primary Source
	KINGDOM HALL	OF JEHOVAI	HS WITNESSES	c ·	D : 1	N N		225	Р	GW
Local Address (wh		LEDICE		Service Connections	Residen	itial Co	mmercial	Industrial	Combined	Agricultural
530 PROVIDENCE				Connections	•		1			
Towns Served: NO	-				_		quirea	- Cijorinea	Duc to Di II	пессиев
Physical Paramet		on		18 - 4/30/18	3		7/2019		9/6/2019	
Total Coliform Ma	&R Violation			18 - 4/30/18	3		7/2019		9/6/2019	
		Water Sy	ystem Facili	ty and Sa	mpling	Poin	t Invent	tory		
Water System Water Facility ID	System Facility		Sampling Point ID	Sampling Po Description	int	Sta	Tota Colifo tus Rul	rm Coppe	r	Stage WQP 2 DBPR
00600 DISTRI	BUTION SYSTEM	1	4	DISTRIBUTIO	N SYSTEM		4			
			DOWNSTREAM	WITHIN 5 SE	RVICE CO	N A	A			
			UPSTREAM	WITHIN 5 SE	RVICE CO	N A	4			
00700 ENTRY	POINT		3	ENTRY POIN	Т	A	4			
57604 WELL			2	WELL		A	4			
57668 TREAT	MENT PLANT									
			Con	tact Infor	mation	1				
Name			Or	ganization					Job Title	
North Stoningtor	Health Depart	ment		<u> </u>						
Mailing Address L			Mailing Address	Line Two				City	State	Zip Code
334 Grindstone H	ill Rd.						North Sto	nington	СТ	06359
Business Phone	Extension	Fax	Mobil	e Phone E	mergency	/ Phone	Email Add	dress		
860-535-8463										
Contact Role(s):	Owner									
Name			Or	ganization					Job Title	
Mr. Ronald Sherr	nan									
Mailing Address L	ine One		Mailing Address	Line Two				City	State	Zip Code
Stonington CT Co	_	Vitnesses	135 Liberty Stre				Pawcatuo		CT	06379
Business Phone	Extension	Fax	Mobil	e Phone E	mergency	/ Phone	Email Add	dress		
860-213-2225										
Contact Role(s):	Legal Contact		1_							
Name				ganization					Job Title	
Mr. Bruce Tiven				ongn. of Jehov	ahs Witne	esses		Acting Minis		
Mailing Address L	ine One		Mailing Address	s Line Two			\A/	City	State	Zip Code
222 Post Road	Full constant	F-	Unit 6B	a Dhair - 5		. Db	Westerly	-lu	RI	02891
Business Phone	Extension	Fax	IVIODII	e Phone E	mergency	•	Email Add			
860-334-2641					860-334	-2641	pruce.tive	en@yahoo.d	com	

Please note the following:

Contact Role(s): Administrative Contact

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	enartment of	Public H	ealth	Drir	nking	Wat	ter S	ection		
		uality Monit				U					
PWS ID	PWS Name	durity Monit	oring and						vner Type	Primary	/ Source
CT102108		IBLE CH - WORSHIP H	HALL		N		25		P	G\	
Local Addr	ress (where applicable)		Service	Resident	ial Co	mmercia	l Ind	ustrial	Combine	ed Agri	icultura
	1Y HILL ROAD		Connections			1					
Towns Ser	ved: NORTH STONINGTON			<u> </u>							
		Monito	oring Requ	iremer	nts						
Water Sy	stem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)								
Total Co	liform (3100)							1 ro	utine (RT) per q	uarter
Samp	oling Point (Sampling Point ID)			Monitorin	ng Perio	od Co	llectio	n Perio	d Com	oliance S	Status
Selec	t from Inventory of Active Sam	pling Points	:	10/1/18 -	12/31/	18			(Complet	te
				1/1/19 -	3/31/1	9			(Complet	te
				4/1/19 -	6/30/1	9					
				7/1/19 -	9/30/1	9					
Physical	Parameters (PPS)							1 rc	utine (RT) per q	uarter
Samp	oling Point (Sampling Point ID)			Monitorin	ng Perio	od Co	llectio	n Perio	d Com	oliance S	Status
Selec	t from Inventory of Active Sam	pling Points	10/1/18 - 12/31/18						(Complet	te
				1/1/19 -	3/31/1	9			(Complet	te
				4/1/19 -	6/30/1	9					
				7/1/19 -	9/30/1	9					
Water Sy	stem Facility: ENTRY POIN	T (WSF ID: 00700)									
Nitrate A	And Nitrite (NOX)							:	L routine	(RT) pe	r year
Samp	oling Point (Sampling Point ID)			Monitorin	ng Perio	od Co	llectio	n Perio	d Com	oliance S	Status
ENTR	Y POINT (3)			1/1/18 - 1	2/31/1	18			(Complet	te
				1/1/19 - 1	2/31/1	19			(Complet	te
				1/1/20 - 1	2/31/2	20					
	Wate	er System Facili	ity and Sar	npling	Point	t Inver	itory	•			
Water						Tot	al L	ead an	d		
System	Water System Facility	Sampling Point		nt		Colif		Copper			Stage
Facility ID		ID	Description		Sta	tus Ru	ile	Rule Tie	r Asbesto	s WQP	2 DBP
00503	WELL #3	2	WELL #3		F	4					
00600	DISTRIBUTION SYSTEM - WORSHIP HALL	4	DISTRIBUTION	N SYSTEM	F	۱ ۱	′				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	Þ	A					
		UPSTREAM	WITHIN 5 SER	VICE CON	Þ	A					
00700	ENTRY POINT	3	ENTRY POINT		Þ	4					
		Con	tact Inforr	nation							
Name		Oı	rganization						Job Title	2	
Pastor Lar	ry Chappell	No	orth Stoningto	n Bible Ch	urch		Pasto	or			
	Idrace Lina One	Mailing Address	s Lino Two				City	,	State	7in (Code
Mailing Ac	idress Line One	ivialiling Address	S LITTE TWO				City	'	State	Zip	coac

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Mobile Phone

Emergency Phone Email Address

Ichappell5@comcast.net

Business Phone

860-535-3430

Contact Role(s): Legal Contact

Extension

Fax

(Connecticu	it Depa	irtment of	Public I	Health	ı Drii	ıking	Water	Section			
	Wat	er Qua	lity Monit	oring an	nd Con	nplia	nce S	chedul	le			
PWS ID F	WS Name					Classification P		Population	Owner Type	Primary Source		
CT1021084	ORTH STONING	TON BIBLE	CH - WORSHIP I	HALL		N	IC	25	Р	GW		
Local Address (wh	ere applicable)			Service	Resider	ntial Co	mmercia	al Industri	al Combin	ed Agricultural		
100 JEREMY HILL	ROAD			Connections	S		1					
Towns Served: NO	ORTH STONINGTO	N				,		'				
Name			0	Organization				Job Title				
Mr. Nelson S. Hol	t		N	orth Stoningto	on Bible C	hurch		Represen	tative			
Mailing Address L	ine One		Mailing Addres	s Line Two				City	State	Zip Code		
60 Ann Avenue							Mystic		СТ	06355		
Business Phone	Extension	Fax	Mobi	le Phone E	Emergenc	y Phone	Email A	ddress				
860-536-0506												
Contact Role(s):	Administrative C	ontact										

Contact Role(s): Administrative Contact

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

C	Connecticut Departmer	it of	Public H	lealth	Dr	inking	g Wa	ter S	ection	
	Water Quality Mo	onit	oring and	d Com	pli	ance s	Sche	dule		
PWS ID P	PWS Name		<u> </u>		_				wner Type Pi	rimary Source
CT1021094 2	20 NORWICH / WESTERLY ROAD					NC	35		P	GW
Local Address (wh			Service	Resident	ial (Commerc	ial Ind	dustrial	Combined	Agricultural
-	ESTERLY RD (ROUTE 2)		Connections			1				
Towns Served: NC	ORTH STONINGTON			I						
	М	onit	oring Requ	iremer	nts					
Water System Fa	acility: DISTRIBUTION SYSTEM (WSF I	D: 00600)							
Total Coliform	(3100)							1 rc	outine (RT)	oer quarter
Sampling Pol	int (Sampling Point ID)			Monitorin	ng Pe	eriod (Collectio	on Perio	d Compli	ance Status
Select from I	nventory of Active Sampling Points			10/1/18 -	12/3	1/18			Co	mplete
				1/1/19 - 3	3/31	/19			Co	mplete
				4/1/19 -	6/30	/19				
				7/1/19 -	9/30	/19				
Physical Parame	eters (PPS)							1 rc	outine (RT)	oer quarter
Sampling Pol	int (Sampling Point ID)			Monitorin	ng Pe	eriod (Collectio	on Perio	d Compli	ance Status
Select from I	nventory of Active Sampling Points			10/1/18 -	12/3	1/18			Co	mplete
				1/1/19 - 3	3/31	./19			Co	mplete
				4/1/19 -	6/30	/19				
				7/1/19 - 9	9/30	/19				
Water System Fa	acility: ENTRY POINT (WSF ID: 0	0700)								
Nitrate And Nit	rite (NOX)								1 routine (R	T) per year
Sampling Poi	int (Sampling Point ID)			Monitorin	ng Pe	eriod (Collectio	on Perio	d Compli	ance Status
ENTRY POINT	Г (3)			1/1/18 - 1	12/31	1/18			Co	mplete
				1/1/19 - 1	12/31	1/19			Co	mplete
				1/1/20 - 1	12/31	1/20				
	Oth	er C	ompliance	Sched	ules	S				
Compliance Schea			-		Due D			Achieve	d Date	
RESPOND TO SAN	<u>-</u>			5	5/9/2	:019				
	Public	Not	ification R	equire	me	nts				
		С	ompliance	Notice		<u>Public N</u>	lotificat	tion_	PN Cert	<u>ification</u>
Violation/Situation	on		Period	Tier	1	Required	Perf	ormed	Due to DPH	Received
Total Coliform MC	CL Violation	4/1/	[′] 14 - 6/30/14	2	6	/18/2014	ļ		6/28/2014	
	Water System I	acili	ity and Sar	npling	Poi	nt Inve	entor	y		
Water						7	otal	Lead an	d	
*		Point	Sampling Poi	nt		Col	liform	Coppe		Stage
Facility ID	ID		Description		S	Status I	Rule	Rule Tie	er Asbestos	WQP 2 DBPR
00501 WELL 1	. 2		WELL 1			Α				
00600 DISTRIE	BUTION SYSTEM 4		DISTRIBUTION	N SYSTEM		Α	Υ			
	DOWNST	REAM	WITHIN 5 SER	VICE CON	l	Α				
	UPSTRE	AM	WITHIN 5 SER	VICE CON	l	Α				
00700 ENTRY	POINT 3		ENTRY POINT			Α				

 Contact Information

 Name
 Organization
 Job Title

 Mr. John J. Paride
 Norwich Westerly, LLC
 Partner/Owner

 Mailing Address Line One
 Mailing Address Line Two
 City
 State
 Zip Code

 306 North Anguilla Road
 Pawcatuck
 CT
 06379

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connectic	ut Depa	rtment of	Public	Health	Drir	ıking	Water	Section			
	Wa	ter Qua	lity Monito	oring a	nd Con	nplia	nce S	chedul	e			
PWS ID	PWS Name					Classifi	cation I	Population	Owner Type	Primary Source		
CT1021094	220 NORWICH /	WESTERLY I	ROAD			N	С	35	Р	GW		
Local Address (w	here applicable)			Service	Residen	tial Co	mmercia	l Industri	al Combin	ed Agricultura		
220 NORWICH W	/ESTERLY RD (RO	UTE 2)		Connection	ns		1					
Towns Served: N	ORTH STONING	ON			'	'				1		
Business Phone	e Extension	Fax	Mobil	le Phone Emergency Phone			Email Address					
860-235-5548							jparide@davis-standard.com					
Contact Role(s):	Legal Contact, (Owner	,									
Name			Or	ganization					Job Titl	е		
Mr. Carl Stevens	on		Ste	evenson Fan	nily LLC			Owner/M	ember			
Mailing Address	Line One		Mailing Address	Line Two			City		State	Zip Code		
220 Norwich-We	sterly Rd.						North S	tonington	СТ	06359		
Business Phone	e Extension	Fax	Mobil	e Phone	Emergency	Phone	Email A	ddress				
860-415-9055					860-770-	0464	jakes.re	staurant@	yahoo.com			
Contact Role(s)	Administrative	Contact	•				•					

Contact Role(s): Administrative Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut D	epartment of	Public H	lealth	Drink	ing W	ater S	Section	
		Quality Monit				_			
PWS ID	PWS Name	quarity 1-10111t	<u> </u>						Primary Source
CT1021114	DOLLAR GENERAL - NO	ORTH STONINGTON			NC		25	Р	GW
Local Addre	ss (where applicable)		Service	Resident	ial Comn	nercial I	ndustrial	Combined	d Agricultural
330 CLARKS	FALLS RD		Connections					1	_
Towns Serve	ed: NORTH STONINGTON			1	l				"
		Monito	oring Requ	ıiremer	nts				
Water Syst	em Facility: DISTRIBUTI	ON SYSTEM (WSF II	D: 00600)						
Total Colif	form (3100)						1 r	outine (RT)	per quarter
Sampli	ing Point (Sampling Point ID))		Monitorin	ng Period	Collec	tion Perio	d Compl	liance Status
Select f	from Inventory of Active San	npling Points		10/1/18 -	12/31/18			C	omplete
				1/1/19 -	3/31/19			C	omplete
				4/1/19 -	6/30/19				
				7/1/19 -	9/30/19				
•	arameters (PPS)						1 r		per quarter
-	ing Point (Sampling Point ID	•		Monitorin		Collec	tion Perio		liance Status
Select 1	from Inventory of Active San	npling Points		10/1/18 -					omplete
				3/31/19			C	omplete	
				4/1/19 -					
				7/1/19 -	9/30/19				
•	em Facility: ENTRY POIN	NT (WSF ID: 00700)							
	nd Nitrite (NOX)							-	RT) per year
_	ing Point (Sampling Point ID))		Monitorin		Collec	tion Perio	-	liance Status
ENTRY	POINT (3)			1/1/18 - 1				C	omplete
				1/1/19 - 1					
				1/1/20 - 1	· ·				
	Wat	er System Facili	ty and Sar	npling	Point li				
Water	Markey Contains English	Consulting Delast	Communition of Deli			Total	Lead ar		
System V Facility ID	Nater System Facility	Sampling Point ID	Description	nt		Coliform Rule			Stage WOP 2 DBPR
-	DISTRIBUTION SYSTEM	4	DISTRIBUTION	U CVCTENA	Status A	Y	Kule II	er Asbestos	WQF Z DDFK
00000 L	DISTRIBUTION STSTEIN	DOWNSTREAM				Y			
		UPSTREAM	WITHIN 5 SER			Υ			
00700 5	NITDY DOINT								
	NTRY POINT VELL#1	3	ENTRY POINT WELL#1		Α				
		2	AA EFF# T		А				
61146 V	VATER SOFTENER	_							
		Con	tact Inform	mation					
Name		0	ganization					Joh Title	

Job Title Name Organization Mr. Jason Horowitz Mailing Address Line One Mailing Address Line Two City State Zip Code 9010 Overlook Boulevard Brentwood NJ 37027 **Business Phone** Extension Fax Mobile Phone Emergency Phone Email Address 625-370-0670 615-373-3111 jhorowitz@gbtrealty.com Contact Role(s): Legal Contact, Owner

	Connecticut	: Depa	irtment of	Public l	Health	Drii	nking	g Water	Section	
	Wate	r Qua	lity Monite	oring an	nd Con	nplia	nce S	Schedul	le	
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary Source
CT1021114 D	OLLAR GENERAL	NORTH S	STONINGTON				IC	25	Р	GW
Local Address (wh	Local Address (where applicable)					tial Co	mmerci	al Industri	al Combine	ed Agricultural
330 CLARKS FALLS	RD			Connections	S				1	
Towns Served: NC	RTH STONINGTON	١				,				
Name			Or	ganization					Job Titl	е
Ms. Sheila Scull			Do	llar General	Corp.			Env Comp		
Mailing Address Li	ne One		Mailing Address	ress Line Two				City	State	Zip Code
100 Mission Ridge	!						Goodle	ettsville	TN	37072
Business Phone	Extension	Fax	Mobil	e Phone	Emergency	/ Phone	Email A	Address	,	
615-855-4459							EnvCor	mpliance@E	ollarGeneral	com
Contact Role(s):	Administrative Co	ntact					•			

Contact Noie(s). Administrative Contac

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End of schedule